

LEGISLATIVE FACT SHEET

DATE: October 12, 2015

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Jacksonville Housing Finance Authority

PURPOSE/SUMMARY: This resolution will approve the issuance of the JHFA's Homeowner Mortgage Revenue Bonds in one or more series in an original aggregate face amount not to exceed \$50,000,000.

APPROPRIATION : Total Amount Appropriated: \$ 0.00 as follows:

(Name of Fund as it will appear in title of legislation) Jacksonville Housing Finance Authority

Name of Federal Funding Source: _____ Amount: \$ _____

Name of State Funding Source: _____ Amount: \$ _____

Name of City of Jax Funding Source: _____ Amount: \$ _____

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER: This authorization will provide funds for the purchase of mortgage loans originated by participating local lending institutions to finance the purchase or rehabilitation of new or existing owner-occupied single family residences situated in Duval County.

ACTION ITEMS:

Emergency?	Yes ___ No <u>X</u>	Justification:
Federal or State Mandates	Yes ___ No <u>X</u>	
Fiscal Year Carryover?	Yes ___ No <u>X</u>	_____
CIP Amendment?	Yes ___ No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___ No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___ No <u>X</u>	
Oversight Department Required?	Yes ___ No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes ___ No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___ No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___ No <u>X</u>	
Surplus Property Certification?	Yes ___ No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___ No <u>X</u>	Ord. # of Previous _____
Report Required to City Council/Council Auditors	Yes ___ No <u>X</u>	Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Kerri Stewart, Chief of Staff
Mayor's Office, Fourth Floor, City Hall at St. James

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

From: Laura Stagner-Crites, Director – Finance
(Name, Job Title, Department)

Phone: (904) 255-8279 Fax: (904) 357-5919 E-mail: lstagner@coj.net

Contact person: Laura Stagner-Crites, Director – Finance__
(Name, Job Title, Department)

Phone: (904) 255-8279 Fax: (904) 357-5919 E-mail: lstagner@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED