

LEGISLATIVE FACT SHEET

DATE: 03/15/16

BT or RC No: _____
(Administration Bills)

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

PURPOSE/SUMMARY:

A resolution approving the issuance by the Jacksonville Housing Finance Authority of its Multi-Family Housing Revenue Bonds (Mount Carmel Gardens), Series 2016, in an aggregate principal amount not to exceed \$9,750,000 for the purpose of financing the acquisition, rehabilitation and equipping of a multi-Family Rental Housing Development.

APPROPRIATION: Total Amount Appropriated: \$ _____ - as follows:

(Name of Fund as it will appear in title of legislation) _____

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: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

Rehabilitation of 207 units of affordable rental housing.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy) _____
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy) _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

Contact _____

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: _____

(Name, Job Title, Department)

Phone: _____

E-mail: espencer@coj.net

Contact Laura Stagner, Director - Finance, Housing & Community Development Division

Person: (Name, Job Title, Department)

Phone: 255-8279

E-mail: lstagner@coj.net

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED