LEGISLATIVE FACT SHEET

| DATE: | 06/09/16 | | | BT or RC No: | BT | 16-092 |
|--|---|---|--|---|--|---|
| | | | | (Administration Bi | ills) | |
| CDONCOD. | O#: | D | | | | |
| SPONSOR: | SPONSOR: Office of Economic Development | | | | | |
| | | (Dep | artment | /Division/Agency/Council Memb | er) | |
| PURPOSE/SU | MMARY: | | | | | |
| | | | | <u> </u> | | |
| small business ow credit and financia micro lender to sm were the first Com (SBA) as a Microld loan product, the Courrently disburse year. Accion East capital and financi East, Inc. will adm which was created | rners through access to call education needs of LMI shall businesses across the imunity Development Final pan Program lender across Community Advantage Ioa. 28 microloans (\$500-\$50, a currently serves approximal education. In 2015, the inister the City of Jackson | pital and small busing state, investigated in the state, investigated in the state of the state | education esting of tution (Contic Coal ing a SE month, of small but eass To | with a mission to empower low- on. Accion East has over 25 ye where in the United States. In Fover \$18 million in local small but CDFI) approved by the U.S. Smals (in 14 states including Florida 3A approved lender in 8 states (on average, in the state of Floridal usinesses in the City of Jackson 11 small businesses in the City Capital Program conville Small and Emerging But | ars of expendications of expen | rience meeting the on is the leading nce 2003. They Administration aunched a new orida). They 30 microloans per County) with \$80,000. Accion |
| APPROPRIAT | ION: Total Amount A | Innronri | atad: | \$020 020 GE | oo follow | |
| | it will appear in title of leg | | | \$932,032.65 | as ioliow | S. |
| | | isiation) | Access | в то Сарнаі | Amount: | |
| Name of Federal Funding Source: n/a | | | | | | |
| Name of State Funding Source: n/a Name of City of Jax Funding Source: JEJE1HM | | | | | Amount: Amount: | \$020.020.6E |
| Name of In-Kind Contribution: n/a | | | | | Amount: | \$932,032.65 |
| Name of Bond Acct: n/a | | | | | Amount: | |
| Bond Account Number: n/a | | | | | | |
| | | | | | | |
| IMPACT - FINA | ANICIAL / OTHER: | | | | | |
| For every loan successfully funded to a Duval County business owner, (whether JSEB/MBE or not), the City of Jacksonville will pay Accion East a closing fee according to a compensation schedule. The closing fee for JSEB Access To Capital loans is \$3,500, regardless of its size. Other loans will be at Accion East's cost. In addition, the the account will be self appropriating in an all-years funds. | | | | | | |
| Fiscal Year C CIP Amendm Contract / Ag C/A Negotiati | ate Mandates? arryover? | Yes X X X | No X X X X | Justification of Emergency: (Attach CIP Form(s)) (Attach a copy) Name of Dept.: Office of Eco | nomic Deve | lopment |
| Related RC/E | BT? | X | | (Attach a copy) | | |

| Waiver of Code? | | X Identify Code: | | | | |
|--|---|---------------------------------------|--|--|--|--|
| Code Exception? | | X Identify Code: | | | | |
| Continuation of Grant? | | X | | | | |
| Surplus Property Certification? | | X (Attach a copy) | | | | |
| Related Enacted Ordinances? | | X Ordinance #: 2005-734-E, 2004-602-E | | | | |
| Report Required to City Council or Council Auditors? | | Note: | | | | |
| Council Auditors? Date: Frequency: | | | | | | |
| ADMINISTRATIVE TRANSMITTAL | | | | | | |
| То: | MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325 | | | | | |
| Cc: | , | | | | | |
| Mayor's Office, Fourth Floor, City Hall at St James | | | | | | |
| From: Kirk Wendland, Executive Director, Office of Economic Development (OED) | | | | | | |
| | (Name, Job Title, Department) | | | | | |
| | Phone: 630-2455 | E-mail: <u>kwendland@coj.net</u> | | | | |
| Contact Paul Crawford, Deputy Director - OED | | | | | | |
| Person: (Name, Job Title, Department) | | | | | | |
| | Phone: 630-7063 | E-mail: paulc@coj.net | | | | |
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| COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL | | | | | | |
| OCCUPATION AND PROPERTY AND PRO | | | | | | |
| To: | Peggy Sidman, Office of G | eneral Counsel, St. James Suite 480 | | | | |
| | Phone: 630-4647 | E-mail: psidman@coj.net | | | | |
| | | | | | | |
| From: | | | | | | |
| | (Name, Job Title, Department) | | | | | |
| | Phone: | E-mail: | | | | |
| Contact Phone: | | | | | | |
| Person: (Name, Job Title, Department) | | | | | | |
| | Phone: | E-mail: | | | | |
| Legislation from Independent Agencies require a resolution from the Independent Agency Board | | | | | | |

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED