

## LEGISLATIVE FACT SHEET

DATE: 11/29/16

BT or RC No: BT17-041  
(Administration & City Council Bills)

SPONSOR: Neighborhoods Department / Housing & Community Development Division  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: \_\_\_\_\_

Provide Name: Diana Seydlorsky, Chief

Contact Number: 904-255-8204

Email Address: [dianams@coj.net](mailto:dianams@coj.net)

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

To appropriate \$260,324 in additional State Housing Initiatives Partnership (SHIP) Program funds received from Florida Housing Finance Corporation to address the needs of eligible applicants that have had a direct affect to their housing by ~~one of the hurricanes of 2016.~~ hurricane Mathews

The City of Jacksonville dedicated up to \$2M in unexpended, unencumbered SHIP funds for disaster recovery related to Hurricane Matthew as allowed by the City's Local Housing Assistance Plan (LHAP). Florida Housing Finance Corporation holds back \$5M in SHIP funds each year to address disaster recovery needs throughout the State. The City of Jacksonville / Duval County has been awarded an additional \$260,324 from this pool for the specific purpose of addressing the impact of Hurricane Matthew.

APPROPRIATION: Total Amount Appropriated \$260,324.00 as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation) State Housing Initiatives Partnership (SHIP) Program

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: FL Dept of Econ Opp (334591)	Amount: \$260,324.00
	To: Other Grants & Aids (08301)	Amount: \$260,324.00
Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

**PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:**

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

There is no match requirement for these funds. All disaster funds must be encumbered by June 30, 2017 and expended by June 30, 2018.

Eligible uses for the funds include: purchase of emergency supplies, interim repairs, tree and debris removal, construction or repair to wells, payment of insurance deductibles, and security deposits or rental assistance for people displaced from their home. The Housing and Community Development Division has a list of 1,043 eligible applicants that are in process. Of that number, the majority of applicants only require assistance with insurance deductibles.

**ACTION ITEMS: Purpose / Check List.** If "Yes" please provide detail by attaching justification, and code provisions for each.

**ACTION ITEMS:**

Emergency?  Yes  No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?  Yes  No

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?    
 Contract / Agreement Approval?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  
 Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

Related RC/BT?    
 Waiver of Code?

Attachment: If yes, attach appropriate RC/BT form(s).  
 Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?

Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

**ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.**

**ACTION ITEMS:**      **Yes**      **No**  
 Continuation of Grant?

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

These are additional SHIP program funds specifically targeted to addressing the needs of eligible applicants that have had a direct affect to their housing by one of the hurricanes of 2016. The funds will be used to provide direct assistance to eligible households. There is no required General Fund match or future impact. The funds being appropriated for disaster recovery must be encumbered by June 30, 2017 and expended by June 30, 2018.

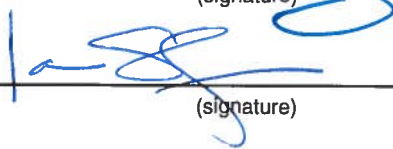
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for

Division Chief:   
 (signature)

Date: 11/29/2016

Prepared By:   
 (signature)

Date: 11/29/2016

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Stephanie Burch, Acting Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-8902

E-mail: [stephanieb@coj.net](mailto:stephanieb@coj.net)

From: Diana M. Seydlorsky, Chief, Housing & Community Development Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8204

E-mail: [dianams@coj.net](mailto:dianams@coj.net)

Primary Contact: Diana M. Seydlorsky, Chief, Housing & Community Development Division

(Name, Job Title, Department)

Phone: 255-8204

E-mail: [dianams@coj.net](mailto:dianams@coj.net)

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: [akshelton@coj.net](mailto:akshelton@coj.net)

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

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

Phone: 904-630-4647

E-mail: [psidman@coj.net](mailto:psidman@coj.net)

From:

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary

Contact: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: [akshelton@coj.net](mailto:akshelton@coj.net)

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

Independent Agency Action Item:

Yes

No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**