

LEGISLATIVE FACT SHEET

DATE: 01/25/17

BT or RC No: BT17-063
(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

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 \$128,830 in additional State Housing Initiatives Partnership (SHIP) Program funds received from Florida Housing Finance Corporation to provide housing counseling. The counseling services are limited to the following activities only: 1) first-time homebuyer counseling, 2) foreclosure prevention counseling, 3) financial coaching, 4) financial management education, and 5) extended financial management.

APPROPRIATION: Total Amount Appropriated \$128,830.00 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: \$128,830.00
	To: Other Grants & Aids (08301)	Amount: \$128,830.00

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.

The granting agency considers this funding as part of the 2016-2017 fiscal year and it must be expended and reported in accordance with program requirements for such funding.

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

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

This is an all-years subfund. *Carry over not required.*

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

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?

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

Waiver of Code?

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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?

There is no match requirement for these funds.

The granting agency considers this funding as part of the 2016-2017 fiscal year and it must be expended and reported in accordance with program requirements for such funding.

Surplus Property
Certification?

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

Reporting
Requirements?

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: *Diana Sydney*
(signature)

Date: 1/31/17

Prepared By: *[Signature]*
(signature)

Date: 1/26/2017

ADMINISTRATIVE TRANSMITTAL

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

Thru: Stephanie Burch, Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-8902

E-mail: 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

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

(Name, Job Title, Department)

Phone: 255-8204

E-mail: dianams@coj.net

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

904-630-1825 E-mail: 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

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

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