

# LEGISLATIVE FACT SHEET

DATE: 04/01/19

BT or RC No: \_\_\_\_\_  
(Administration & City Council Bills)

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

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

Provide Name: Thomas Daly

Contact Number: 255-8204

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

This legislation will approve the proposed amendment to the City's Local Housing Assistance Plan (LHAP) for the 2018-2021 period. This document is required by §420.9075 F.S. and 67-37.005 F.A.C.

The proposed amendment adds Foreclosure Prevention as an eligible activity under the LHAP, which governs the City's State Housing Initiatives Partnership (SHIP) Program.

This action only includes Foreclosure Prevention as an eligible strategy. No funds are being appropriated in this action.



**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.)

The City's LHAP governs the manner in which State Housing Initiatives Partnership (SHIP) funds can be used to further affordable housing within Duval County. The proposed strategy will assist qualified homeowners with retaining their home and preventing foreclosure action of the first or second mortgage, homeowners' association fees and/or delinquent tax sales. Assistance may be coordinated through any HUD certified housing agency.

Households with annual income up to 140% of median income are eligible for assistance under this strategy and will be selected on a first come, first qualified basis; however, preference will be given first to applicants below 80% of median household income. The maximum assistance under this strategy is \$12,000.

**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.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

All-Year's Subfund (SF 1N7)

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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.

Amending the original LHAP previously approved by Resolution 2017-747-A

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

The City's LHAP governs the manner in which State Housing Initiatives Partnership (SHIP) funds can be used to further affordable housing within Duval County. The proposed strategy will assist qualified homeowners with retaining their home and preventing foreclosure action of the first or second mortgage, homeowners' association fees and/or delinquent tax sales. Assistance may be coordinated through any HUD certified housing agency.

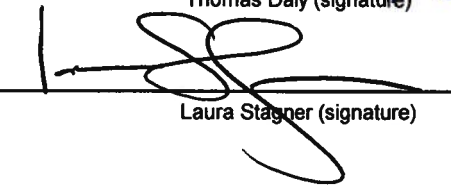
Households with annual income up to 140% of median income are eligible for assistance under this strategy and will be selected on a first come, first qualified basis; however, preference will be given first to applicants below 80% of median household income. The maximum assistance under this strategy is \$12,000.

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

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 generating reports.

Division Chief:   
 Thomas Daly (signature)

Date: 4/1/2019

Prepared By:   
 Laura Stagner (signature)

Date: 4/1/2019

**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](mailto:stephanieb@coj.net)

From: Thomas Daly, Chief, Housing and Community Development Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8204

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

Primary Contact: Thomas Daly, Chief, Housing and Community Development Division

(Name, Job Title, Department)

Phone: 255-8204

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

CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

904-255-5013 E-mail: [jelsbury@coj.net](mailto:jelsbury@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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

904-255-5013 E-mail: [jelsbury@coj.net](mailto:jelsbury@coj.net)

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**