

LEGISLATIVE FACT SHEET 2014-0005

DATE: 11/06/13

BT or RC No: 14-014
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate \$600,000.00 of State Housing Initiative Partnership (SHIP) program income to cover administrative cost (5%) (\$30,000) and Homeowner Rehabilitation Activities (\$570,000).

APPROPRIATION: Total Amount Appropriated: \$600,000.00 as follows:

(Name of Fund as it will appear in title of legislation) State Initiative Partnership

Name of Federal Funding Source:	Amount:
Name of State Funding Source: State Initiative Partnership	Amount: \$600,000.00
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:

Fund will cover administrative cost (5%) and allocation as a leverage for completion of 1st Street (\$727,436.33) and 8th Street (\$412,563.67) projects

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 checked="" type="checkbox"/>	<input 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"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
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: Terrance Ashanta-Barker, Director, Neighborhoods

(Name, Job Title, Department)

Phone: 255-7245

E-mail: tashanta-barker@coj.net

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

Person: (Name, Job Title, Department)

Phone: 255-8279

E-mail: lstagner@coj.net

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: Terrance Ashanta-Barker, Director, Neighborhoods

(Name, Job Title, Department)

Phone: 255-7245

E-mail: tashanta-barker@coj.net

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

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
