

LEGISLATIVE FACT SHEET

DATE: 11/22/17

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

SPONSOR: Neighborhoods/C/M Wilson, Boyer, Gaffney, K. Brown, Dennis, R. Brown and Bect
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Stephanie Burch, 255-8902, stephanieb@coj.net

Provide Name: Stephanie Burch

Contact Number: 255-8902

Email Address: stephanieb@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.)

Pursuant to Section 122.463(a), Ordinance Code, please provide authorization to submit the attached proposed Affordable Housing Inventory List for approval by City Council. The list has been certified by the Chief of Real Estate, and such certification is attached to this request. However, I am requesting an exception to Section 122.463(a), Ordinance Code, for the following properties to be removed from the proposed list pending successful ejection actions for each: 3851 St. Augustine Road, 1331 21st Street West, and 5923 Iris Blvd. These properties have current JEA utility accounts and appear to be occupied. This request to remove the properties from the 2018 list is only until the ejections are finalized and the properties are no longer occupied. Additionally, I am also requesting an exception from Section 122.463(a), Ordinance Code, that 535 Basswood be removed from the list, but I am simultaneously requesting authorization to declare this property surplus and donate it directly to 2nd Mile Ministries, Inc., a non-profit corporation. This property was previously owned by Metro North CDC, which developed a community garden on the property while under its ownership. Metro North returned the property to the City in 2016 to be brought back into compliance with City agreements, and now 2nd Mile Ministries is managing the community garden and has applied for a Neighborhood Matching Grant to expand it. We feel it is most appropriate for 2nd Mile Ministries, a non-profit organization, to own the parcel in order to continue and expand its thriving community garden and provide educational programs to children and healthy food to the neighborhood residents.

APPROPRIATION: Total Amount Appropriated _____ 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)

| | | |
|-----------------------------------|-------------|---------------|
| Name of Federal Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|----------------------------------|-------------|---------------|
| Name of State Funding Source(s): | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|------------------------------|-------------|---------------|
| Name of City of Jacksonville | From: _____ | Amount: _____ |
|------------------------------|-------------|---------------|

| | | |
|-----------------------------------|-------------|---------------|
| Funding Source(s): | 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.)

Rental payments for this lease to be made in the form of the Tenant providing all utilities, maintenance and improvements on the property and in-kind services as outlined in the lease agreement.

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. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> |
| 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. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> |
| Fiscal Year Carryover? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> |
| CIP Amendment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. |
| Contract / Agreement Approval? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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? <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Lease agreement attached. Negotiations complete. Oversight by Harrison Conyers, Military Affairs and Veterans Services Supervisor, phone: 630-3621, email: hconyers@coj.net, Agreement approved by OGC & Risk Management. </div> |
| Related RC/BT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attachment: If yes, attach appropriate RC/BT form(s). |
| Waiver of Code? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div> |
| Code Exception? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. |

Section 122.463(a). Request to delete 4 properties from the 2018 affordable housing list, as certified by the Chief of Real Estate.

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?

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 generating

Division Chief:

Stephanie Burch

S. Burch
(signature)

Date:

11/22/17

Prepared By:

Stephanie Burch

S. Burch
(signature)

Date:

11/22/17

ADMINISTRATIVE TRANSMITTAL

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

Thru:

(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: Stephanie Burch, Director, Neighborhoods Department *S. Burch*

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-8902

E-mail: stephanieb@coj.net

Primary Contact: Stephanie Burch, Director, Neighborhoods Department

(Name, Job Title, Department)

Phone: 255-8902

E-mail: stephanieb@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