

## LEGISLATIVE FACT SHEET

BT22-105

DATE: 07/21/22

BT or RC No: BT21-074/RC22  
(Administration & City Council Bills)

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

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

Provide Name: Thomas J. Daly, II, Chief

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.)

Legislation appropriates increased in funding received for FY21-22 from Florida Housing Finance Corporation (FHFC) for the State Housing Initiatives Partnership (SHIP) program administered by the Housing and Community Development Division. Florida Housing Finance Corporation increased funds will provide additional funding for Owner occupied Rehabilitation program Project 010316 (\$10,620) and affordable housing development (Project 010317) \$200,000.

**APPROPRIATION:** Total Amount Appropriated \$210,620.00 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)

Name of Federal Funding Source(s)	From: Florida Dept. of Economic Development through Fl. Housing Finance Corp (FHFC)	Amount:	\$210,620.00
	To: Housing Finance Corp (FHFC) Projects 010317 & 010316)	Amount:	\$210,620.00
Name of State Funding Source(s):	From: _____	Amount:	_____
	To: _____	Amount:	_____
Name of City of Jacksonville Fundin	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.)

Increased funds will provide additional service to Owner occupied Rehabilitation Project 010316 (\$10,620) and affordable housing development (Project 010317) \$200,000 programs.

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


**ACTION ITEMS:**

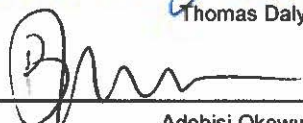
	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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; height: 30px; margin-top: 5px;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>

**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?  <div style="border: 1px solid black; padding: 5px; min-height: 40px;">                         Funds are available within current administrative appropriation for the change                     </div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).
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  <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Division Chief:  Date: 7/21/2022  
Thomas Daly (signature)

Prepared By:  Date: 7/21/2022  
Adebisi Okewusi (signature)

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: Bryan Mosier, Director, Neighborhoods Department  
(Name, Job Title, Department)  
 Phone: 255-7005 E-mail: [bmosier@coj.net](mailto:bmosier@coj.net)

From: Thomas J. Daly, II; 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 J. Daly, II; Chief, Housing and Community Development Division  
(Name, Job Title, Department)  
 Phone: 255-8204 E-mail: [tdaly@coj.net](mailto:tdaly@coj.net)

CC: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor  
 Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@coj.net)

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

To: Peggy Sidman, Office of General Counsel, St. James Suite 480  
Phone: 255-5055 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: Rachel Zimmer , Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 255-5006 E-mail: rachelz@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**