

# LEGISLATIVE FACT SHEET

DATE: 06/10/22

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

SPONSOR: Jacksonville Housing Finance Authority  
(Department/Division/Agency/Council Member)

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

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 resolution would approve the issuance by the Jacksonville Housing Finance Authority ("JHFA") of its Multifamily Housing Revenue Bonds (Mandarin Trace Apartments), Series 2022, in an aggregate principal amount not to exceed \$22,631,400.00 for the purpose of financing the rehabilitation of a multifamily rental housing development for persons of low, middle, or moderate income (including elderly persons), located in the City of Jacksonville, Florida. This project would include 120 units of affordable housing and be located at 3960 Old Sunbeam Road, Jacksonville Florida 32257.

APPROPRIATION: Total Amount Appropriated \$0.00 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: _____	Amount: _____
	To: _____	Amount: _____

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: _____
----------------------------------	-------------	---------------

Name of Funding Contribution(s):	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.)

This project includes rehabilitation of 120 units of affordable housing located at 3960 Old Sunbeam Road, Jacksonville, Florida 32257.
--

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

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 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?
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

Division Chief: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Jessi Xia, Budget Office, St. James Suite 325

Thru: \_\_\_\_\_  
(Name, Job Title, Department)  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

From: Jacksonville Housing Finance Authority  
Initiating Department Representative (Name, Job Title, Department)  
 Phone: 255-8204 E-mail: [tdaly@coj.net](mailto:tdaly@coj.net)

Primary Contact: Tom Daly, Chief of Housing and Community Development  
(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: Jacksonville Housing Finance Authority  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: 255-8204 E-mail: [tdaly@coj.net](mailto:tdaly@coj.net)

Primary Contact: Thomas Daly, Chief of Housing and Community Development  
(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)

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**