

# LEGISLATIVE FACT SHEET

BT 23-112

DATE: 07/20/23

BT or RC No: BT  
(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: Travis Jeffrey, Acting Chief

Contact Number: 255-8227

Email Address: [tjeffrey@coj.net](mailto:tjeffrey@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 is for budget modification to transfer administrative expenses from salaries, benefits, ISA and other administrative related budget line items to Forgivable Loans to complete CDBG-DR costs of necessary home repairs from Hurricane Matthew related storm damage that are in the pipeline. The State of Florida, Department of Economic Opportunity (DEO) extended program closeout to August 16, 2023

APPROPRIATION: Total Amount Appropriate \_\_\_\_\_ 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 Funding Source(s)	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.)

Program closeout - staff were reassigned to other grants.

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

All-Year's Subfund

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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.

**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"/>

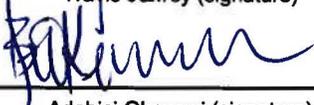
Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

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

Division Chief:   
Travis Jeffrey (signature)

Date: 7/20/2023

Prepared By:   
Adebisi Okewusi (signature)

Date: 7/20/2023

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Albert Ferraro, Acting Director, Neighborhoods Department  
(Name, Job Title, Department)  
Phone: 255-7005 E-mail: albertF@coj.net

From: Travis Jeffrey, Acting Chief, Housing and Community Development Division  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 255-8227 E-mail: tjeffrey@coj.net

Primary Contact Travis Jeffrey, Interim Chief, Housing and Community Development Division  
(Name, Job Title, Department)  
Phone: 255-8204 E-mail: tjeffrey@coj.net

CC: ~~Rachel Zimmer~~ Norris, Intergovernmental Affairs Liaison, Office of the Mayor  
255-5006 E-mail: rachelz@coj.net  
B.Norris@coj.net

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

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480  
Phone: 255-5062 E-mail: mstaff@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~~ Norris, Director of Intergovernmental Affairs, Office of the Mayor  
255-5006 E-mail: rachelz@coj.net B.Norris@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**