## **LEGISLATIVE FACT SHEET**

DATE:	06/10/22	BT or RC No	0:
		(Administration & City	Council Bills)
SPONSOR:	Jacksonvill	e Housing Finance Authority	
		(Department/Division/Agency/Council Mo	ember)
Contact for all	l inquiries and p	resentations	
Provide Name		Thomas Daly	
Con	tact Number: 25	5-8204	
Ema	nil Address: td	aly@coj.net	<b>-</b> _
Research will comp		nis legislation is necessary? Provide; Who, What, When, Wh ncil introduced legislation and the Administration is responsi num of 1 page.)	
middle, or moder	ate income (includi	ncing the rehabilitation of a multifamily rental housing of gelderly persons), located in the City of Jacksonville ng and be located at 500 Acme Street, Jacksonville Fi	, Florida. This project would
		nount Appropriated \$0.00 vide Object and Subobject Numbers for eac	as follows: h category listed below:
(Name of Fund a	s it will appear in ti	le of legislation)	
Name of Federal	al Funding Source(s)	From:	Amount:
tamo or r odorar	r unumg courso(s).	То:	Amount:
Name of State F	unding Source(s):	From:	Amount:
		To:	Amount:
Name of City of	Jacksonville Fundin	From:	Amount:
Traine or Oily Of C	Jacksonville Fundin	To:	Amount:
Name of la Kind	Contribution(a):	From:	Amount:

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.,	To:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
7 1000 an 11(0).	To:	Amount:
Explain: Where are the funds co the funding for a specific time france 122 & 106 regarding funding of a (Minimum of 350 words - Maximum	ming from, me? Will the nticipated pof 1 page.)	IATION / FINANCIAL IMPACT / OTHER: going to, how will the funds be used? Does the funding require a match? Is here be an ongoing maintenance? and staffing obligation? Per Chapters post-construction operation costs.  habilitation of 155 units of affordable housing located at 500 Acme Street,
code provisions for each.	/ Check	List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	X	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	Х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?  Contract / Agreement Approval?	X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  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? Waiver of Code?	X	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	Х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

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Related Enacted Ordinances?	Х	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.

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

ACTION	I ITEMS:	Yes	No		
Co	ontinuation of Grant?		х	Explanation: How will the funds be used? D Is the funding for a specific time frame and/or year of grant? Are there long-term implication	multi-year? If multi-year, note
	1				
	olus Property Certification?		X	Attachment: If yes, attach appropriate form(s	3).
Re	Reporting equirements?		Х	Explanation: List agencies (including City Co and frequency of reports, including when reports (include contact name and telephone number	orts are due. Provide Department
Divis	ion Chief:				Date:
				(signature)	
Pre	pared By:				Date:
	, <u> </u>			(signature)	
To:	MBRC, c/o J	essi Xi		get Office, St. James Suite 325	
Thru:					
	(Name, Job Title	•	,		
	Phone:			E-mail:	
From:	Jacksonville Housing Finance Authority				
				ative (Name, Job Title, Department)	
	Phone:	255-82	204	E-mail: tdaly@coj.net	
Primary Contact:	One to the Bury, Chief of Flouding and Community Bevolopment				
Contact.	(Name, Job Title	•	,		
		255-82		E-mail: <u>tdaly@coj.net</u>	
CC:		ner, Into 255-50	•	rnmental Affairs Liaison, Office of the E-mail: rachelz@coj.net	Mayor

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## **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	
<b></b>				
From:		e Housing Finance Au	-	
	Initiating Cour	ncil Member / Independ	dent Agency / Constitutional Officer	
	Phone:	255-8204	E-mail: tdaly@coj.net	
Primary	THOMAS Dai	ly, Chief of Housing a	and Community Development	
Contact:	(Name, Job T	Title, Department)		
	Phone:	255-8204	E-mail: tdaly@coj.net	
CC:	Rachel Zimmer , Intergovernmental Affairs Liaison, Office of the Mayor			
	Phone:	255-5006	E-mail: <u>rachelz@coj.net</u>	
Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.  Independent Agency Action Item:  Boards Action / Resolution?  X  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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