

## LEGISLATIVE FACT SHEET

DATE: 07/20/22

BT or RC No: RC22-117  
(Administration & City Council Bills)

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

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

Provide Name: Thomas Daly, 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 reauthorizes grant funded position for SHIP. Funding received from Florida Housing Finance Corporation (FHFC) for the State Housing Initiatives Partnership (SHIP) program administered by the Housing and Community Development Division. **HOUSING LOAN SPECIALIST 04325** Pay Grade 29.10 (Pay Range \$46,577.52 - 78,421.29); ). Grant period July 1, 2022 through June 30, 2023 changes are based upon anticipated time and effort. Activity Description RC ERCD1N7 / HCS001 23.

SHIP dollars may be used to fund emergency repairs, new construction, rehabilitation, down payment and closing cost assistance, acquisition of property for affordable housing, matching dollars for federal housing grants and programs, homeownership counseling and foreclosure Intervention program.

*Revision of Ord. 2022 - 0363-E ; Exhibit 4, to include position 04325 - Housing Loan Specialist.*

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: Florida Dept. of Economic Development through Fl. Housing Finance Corp (FHFC)	Amount: \$0.00
	To: _____	Amount: \$0.00
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.)

The position is a reauthorization for an existing employee no positions are being added or deleted within the Division. (Several positions were transferred to SHIP due to increase in administrative funding).

**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"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; padding: 5px;">This is an all-years subfund.</div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment &amp; 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?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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.</p> <div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 1.2em; color: blue;">Ord. 2022-0363-E. Exhibit 4.</p> </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?	X	

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?

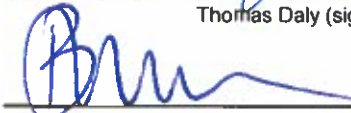
Funds are available within current administrative appropriation for the change.

Surplus Property Certification?		X
Reporting Requirements?		X

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 reports.

Division Chief:   
 Thomas Daly (signature)

Date: 7/20/2022

Prepared By:   
 Adebisi Okewusi (signature)

Date: 7/20/2022

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, 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 Daly, 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  
904-255-5006 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: 904-255-5055 E-mail: [psidman@coj.net](mailto: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  
904-255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@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**