LEGISLATIVE FACT SHEET

DATE:	05/12/20			BT or RC No:		
			(Ad	Iministration & City Co	ouncil Bills)	
SPONS	OR: Jacksonville Ho	ousing Finance	e Authority			
		(Departr	ment/Division/	/Agency/Council Men	nber)	
Contact	for all inquiries and prese	entations				
Provide	Name:		Laura	a Stagner		
	Contact Number:	2	255-8279	(K	•	
	Email Address:	lstag	gner@coj.ne	<u>et</u>	•	
Research	E: White Paper (Explain Why this legwill complete this form for Council in of 350 words - Maximum	ntroduced legislatio				
Mortgage for the purehabilita securities federal go	lution would approve the issuant Revenue Bonds in an aggrega irchase of mortgage loans origination of new or existing owner-ocs evidencing interests in or back overnment or agencies thereof of Authority previously issued for s	te principal amounated by participal cupied single-farted by a pool of some for the purpose	unt not to exce ating local lend mily residence uch mortgage	eed \$50,000,000 for t ding institutions to fin es situated in Duval C e loans, including sec	the purpose of pance the purch county, Florida curities guarante	providing funds nase or or purchasing eed by the
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Name of Fund as it will appear in	title of legislation)	
ame of Federal Funding Source(s) From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
nding Source(s):	То:	Amount:
me of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
LAIN LANGUAGE OF APP Replain: Where are the funds core of funding for a specific time fran	ne? Will there be an ongoing maintenance nticipated post-construction operation costs	ised? Does the funding require a match?
LAIN LANGUAGE OF API Aplain: Where are the funds core a funding for a specific time frant 2 & 106 regarding funding of are a finimum of 350 words - Maximum on the second and the second authorize the	PROPRIATION / FINANCIAL IMPA ming from, going to, how will the funds be une? Will there be an ongoing maintenance nticipated post-construction operation costs of 1 page.)	CT / OTHER: used? Does the funding require a match? e? and staffing obligation? Per Chapters b. o make application to the Florida Division of
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ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No	
Emergency? X	Justification of Emergency: If yes, explanation must include detailed nature of
	emergency.
	9
Federal or State	
Mandate? X	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
•	
CIP Amendment? 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
Contract / Agreement	of Department (and contact name) that will provide oversight. Indicate if
Approval?	negotiations are on-going and with whom. Has OGC reviewed / drafted?
	a a
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
	<u> </u>
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
*	
Related Enacted	Code Reference: If yes, identify related code section(s) and ordinance
Ordinances?	reference number in the box below and provide detailed explanation and any
	changes necessary within white paper.
20	1

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?		х	Explanation: How will the funds be used? Does the Is the funding for a specific time frame and/or multi-year of grant? Are there long-term implications for t	year? If r	multi-year, note
			¥		
					y a
Surplus Property Certification? Reporting Requirements?		x	Attachment: If yes, attach appropriate form(s). Explanation: List agencies (including City Council / and frequency of reports, including when reports are (include contact name and telephone number) response.	due. Pr	ovide Department
					AT
					6
Division Chief:				Date: _	
Prepared By:	. No.	1	(signature)	Date: _	5/20/2020
			(signature)		

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325				
Thru:					
	(Name, Job Title, Department)				
	Phone: E-mail:				
From:					
	Initiating Department Representative (Name, Job Title, Department)				
	Phone: E-mail:				
Primary					
Contact:	(Name, Job Title, Department)				
	Phone: E-mail:				
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor				
	904-255-5013 E-mail: jelsbury@coj.net				
4					
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480				
	Phone: 904-630-4647 E-mail: psidman@coj.net				
From:	Lacksonvilla Hausing Einange Authority				
FIOIII.	Jacksonville Housing Finance Authority Initiating Council Member / Independent Agency / Constitutional Officer				
	Phone: 255-8279 E-mail: <u>lstagner@coj.net</u>				
Primary					
Contact:	Edula Clagilor, Director i manee				
	Phone: 255-8279 E-mail: <u>lstagner@coj.net</u>				
20.					
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net				
	904-630-1825 E-mail: akshelton@coj.net				
	on from Independent Agencies requires a resolution from the Independent Agency Board				
	g the legislation.				
•	dent Agency Action Item: Yes No Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no, when is board estion scheduled?				
	Boards Action / Resolution? X when is board action scheduled?				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED