LEGISLATIVE FACT SHEET

DATE:	06/17/20	BT or RC No:
-		(Administration & City Council Bills)
SPONSO	R: Jacksonville I	Housing Finance Authority
		(Department/Division/Agency/Council Member)
Contact for	or all inquiries and pre	sentations
Provide N		Laura Stagner
	Contact Number:	255-8279
	Email Address:	lstagner@coj.net
Research will (Minimum This resolut Revenue Bo	complete this form for Councilof 350 words - Maximulion would approve the issuends (Timuquana Park Apa	ance by the Jacksonville Housing Finance Authority of its Multi-Family Housing irtments), Series 2020, in an aggregate principal amount not to exceed \$10,200,000
		ition and Rehabilitation of a multifamily rental housing development for persons of ted in the City of Jacksonville, Florida.
This project Jacksonville		ely 100 units of affordable housing and would be located at 5615 Seaboard Avenue,

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APPROPRIATION: Total Ar List the source name and pro	mount Appropriated 0 ovide Object and Subobject Number	as follows: rs for each category listed below:		
(Name of Fund as it will appear in ti				
Name of Fodoral Funding Course(a)	From:	Amount:		
Name of Federal Funding Source(s)	To:	Amount:		
Name of State Funding Source(s):	From:	Amount:		
	То:	Amount:		
Name of City of Jacksonville	From:	Amount:		
Funding Source(s):	То:	Amount:		
Name of In-Kind Contribution(s):	From:	Amount:		
	То:	Amount:		
Name & Number of Bond	From:	Amount:		
Account(s):	То:	Amount:		
(Minimum of 350 words - Maximum of This project would include approxim Jacksonville, FL.		vould be located at 5615 Seaboard Avenue,		

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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 No	
Emergency?	×	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?	X	Note: If yes, note must include explanation of all-year subfund carryover language.
,		Attachment: If yes, attach appropriate CIP form(s). Include justification for
CIP Amendment?	X	mid-year amendment.
Contract / Agreement Approval?	×	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if
	1 []	negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT?	X	Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide
Waiver of Code?	X	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.
Related Enacted Ordinances?	X	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 ITEMS: Yes	s No X	Explanation: How will the funds be used? Does the fundi Is the funding for a specific time frame and/or multi-year? year of grant? Are there long-term implications for the Ge	If multi-year, note	
Surplus Property Certification? Reporting Requirements?	X X	Attachment: If yes, attach appropriate form(s). Explanation: List agencies (including City Council / Auditor) to receive re and frequency of reports, including when reports are due. Provide Departing (include contact name and telephone number) responsible for generating		
			z ter generaling	
Division Chief:		Dat (signature)	e:	
Prepared By:	'aura S	Stagner-Crites (signature) Dat	e: 06/17/2020	

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ADMINISTRATIVE TRANSMITTAL

10:	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:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton@coj.net
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:	Jacksonville Housing Finance Authority
	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: 255-8279 E-mail: <u>lstagner@coj.net</u>
Primary	Laura Stagner, Director - Finance
Contact:	
	Phone: 255-8279 E-mail: <u>lstagner@coj.net</u>
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton@coj.net
I egislatid	on from Independent Agencies requires a resolution from the Independent Agency Board
-	g the legislation.
Independ	dent Agency Action Item: Yes No
E	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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