## **LEGISLATIVE FACT SHEET**

DATE:	04/03/20	)	BT or RC No	o: <u>BT20-</u>	-100	
			(Administration & City Council Bills)			
SPONS	OR: Neighborho	oods D	epartment / Housing and Community		Division	
			(Department/Division/Agency/Council Me	ember)		
Contact	for all inquiries and p	resent	ations			
Provide	Provide Name: Thomas Daly, Esq., Chief					
	Contact Number: 90	04-255	-8204			
	Email Address: td	aly@c	oj.net	<del></del>		
DUDDOCE	White Dency (Eymlein Why t	this logist	otion in necessary? Drovide: Who What What When Wh	ere How and the li	mast) Caussil	
Research w		uncil intro	ation is necessary? Provide; Who, What, When, Wh duced legislation and the Administration is responsil 1 page.)			
rivers cause communities concentrated homes in the areas). Verseverely discount of the City and grant from funding areas.	sed catastrophic flooding ies was the Ken Knight Drition of individuals and famithis community were built by few, if any, of the properamaged by this flooding of the be elevated at least 1 ble option.  The Florida Department of the City is a Subrecipie	resulting rive Neignilies living the 19 erties has event. In 10 feet. In 17 feet. In 18 fecono ent. This	of Jacksonville (the "City") back in September 2 in widespread damages to homes and infrast phorhood in Washington Heights. This commung at or below the poverty level (92.47% are LI 960's and earlier and are well below the base of the food insurance and nearly all of properties (order to repair these homes and bring them undowever, given the condition of the majority of coluntary Home Buyout Program in October 20 mic Opportunity (DEO). DEO is the Recipient of grant will allow the City to directly address dangetorm surge and riverine flooding.	ructure. One of the unity is comprised MI according to Filood elevation (9 located in the flop to current build these structures 19 and was award the HUD CDB0	he hardest hit d of a very high HUD Data). The feet in some odplain) were ing code, most , this would not  ded a \$5 million G-DR Irma	
	PRIATION: Total An		Appropriated \$5,000,000.00 Diject and Subobject Numbers for eac	as follows		
	-			in oatogory not	ea below.	
(Name of	Fund as it will appear in ti	tie of leg	pisiation) Florida Department of Economic Opportunity			
Name of F	Federal Funding Source(s)	From:	(Dederal Pass-Through)	Amount: _	\$5,000,000.00	
		То:	City of Jacksonville CDBG-DR Hurricane Irma Voluntary Home Buyout Program	Amount:	\$5,000,000.00	
	of State Funding Source(s):					
Name of S		From:		Amount:		
<u></u>		То:		Amount:		
		From:		Amount:	, , , , , , , , , , , , , , , , , , , ,	
Name of C	City of Jacksonville Fundir					
		To:		Amount:		

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Name of In-Kind Contribution(s):	From:		Amount:		
	То:		Amount:		
Name & Number of Bond	From:		Amount:		
Account(s):	To:		Amount:		
Explain: Where are the funds com	ing from, e? Will t icipated	IATION / FINANCIAL IMPACT / OTH , going to, how will the funds be used? Does there be an ongoing maintenance? and s post-construction operation costs.	s the funding require a match? Is		
This program will reduce future public costs associated with evacuation and rescue, emergency shelter, temporary housing, home repairs, financial assistance and debris removal services following tropical cyclone and flooding events in this neighborhood. This program will reduce the financial burden on taxpayers caused by having to repeatedly fund subsidized repairs of these properties that were built within the 100-year floodplain. Additionally, this program would remove current residents from the immediate dangers as well as the emotional and financial toll associated with future flooding events. Lastly, this program will provide the residents of this neighborhood with the opportunity to obtain alternate affordable housing outside of the floodplain.  Properties acquired in through this program will be returned to green space which would improve local flood storage and conveyance. Acquired properties will be deed-restricted so as not to allow for new structures to be built that would inevitably be damaged by future flooding. The City will have two years from the time the contract with DEO is executed to					
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and					
ACTION ITEMS: Yes No  Emergency? X Justification of Emergency: If yes, explanation must include detailed nature of emergency.					
Federal or State Mandate?	х	Explanation: If yes, explanation must including Statute or Provision.	ude detailed nature of mandate		
Fiscal Year Carryover?	Х	Note: If yes, note must include explanatio language.  All-Years Subfund	n of all-year subfund carryover		
CIP Amendment?  Contract / Agreement Approval?	X	Attachment: If yes, attach appropriate CIF mid-year amendment.  Attachment & Explanation: If yes, attach t of Department (and contact name) that will negotiations are on-going and with whom.  The Neighborhoods Department / Housing Division continues to negotiate the final contact in the second s	he Contract / Agreement and name Il provide oversight. Indicate if Has OGC reviewed / drafted? g and Community Development		
Related RC/BT? X Waiver of Code?	X	Attachment: If yes, attach appropriate RC Code Reference: If yes, identify code sec detailed explanation (including impacts) w	tion(s) in box below and provide		

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Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	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	No					
Co	ontinuation of Grant?	X	Explanation: How will the funds be Is the funding for a specific time frar year of grant? Are there long-term i	ne and/or multi-ye	ear? If multi-	year, note	
	plus Property Certification?	X	Attachment: If yes, attach appropria				
Re	Reporting equirements?	Х	Explanation: List agencies (including and frequency of reports, including (include contact name and telephon	when reports are	due. Provide	Department	
DIVIS	ion Chief:		(signature)		Date:		
Pre	pared By:	/s/ Lau	ra Stagner (signature)		Date:	4/3/2020	
			(Signature)				
ADMINISTRATIVE TRANSMITTAL							
To:	MBRC, c/o Rosely	n Chall,	Budget Office, St. James Suite	e 325			
Thru: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor							
(Name, Job Title, Department)							
	Phone: 255-	5013	E-mail: jelsbury@coj.ne	<u>et</u>			
From: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor							
			ative (Name, Job Title, Department)				
	Phone: 255-	5013	E-mail: <u>jelsbury@coj.ne</u>	<u>et</u>			
Primary Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor							
Contact: (Name, Job Title, Department)							
	Phone: 255-	5013	E-mail: <u>jelsbury@coj.ne</u>	<u>et</u>			
CC:	Jordan Elsbury, Ir	itergove	rnmental Affairs Liaison, Office	of the Mayor			
	Phone: 255-	5013	E-mail: jelsbury@co	oi.net			

## COUNCIL 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:	Council Member Ron Salem					
	Initiating Council Member / Independent Agency / Constitutional Officer					
	Phone: _		E-mail: _			
Primary						
Contact:	(Name, Job	o Title, Department)				
	Phone: _		E-mail: _			
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor					
	Phone: _	904-630-1825	E-mail: _	jelsbury@coj.net		
approving	g the legis	slation.	es requires a re	esolution from the Independent Agency Board		
•	•	tion / Resolution?	A	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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