LEGISLATIVE FACT SHEET

DATE:	03/18/21	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:	Jacksonville	Housing Finance Authority
		(Department/Division/Agency/Council Member)
Contact for all	inquiries and pre	sentation:
Provide Name): 	Thomas Daly
Cont	tact Number:	255-8204
Ema	il Address:	tdaly@coj.net
Research will comp (Minimum of 3	plete this form for Counc 50 words - Maximι	
Revenue Bonds (the purpose of fin	(Beachwood Apartme nancing the Acquisition	ance by the Jacksonville Housing Finance Authority of its Multi-Family Housing onts), Series 2021 A, in an aggregate principal amount not to exceed \$26,500,000 for n and Rehabilitation of a multifamily rental housing development for persons of low, n the City of Jacksonville, Florida.
This project would Jacksonville, FL.	d include approximat	ely 140 units of affordable housing and would be located at 2901 Beachwood Blvd.,

	mount Appropriated ovide Object and Subobject Nu	0 as follows: mbers for each category listed below:
(Name of Fund as it will appear in		mboro for each eategory listed below.
Jama of Fodoral Funding Course/s	From:	Amount:
Name of Federal Funding Source(s	To:	Amount:
	From:	Amount:
Name of State Funding Source(s):	То:	Amount:
Name of City of Jacksonville	From:	Amount
Funding Source(s):	To:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	[To:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	То:	Amount:
		osts.
(Minimum of 350 words - Maximum of This project would include approxin Jacksonville, FL.		and would be located at 2901 Beachwood Blvd.,
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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?	х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	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.
CIP Amendment? Contract / Agreement Approval?	x 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
Code Exception?	x	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.

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 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?
Surplus Property Certification?		х	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?		х	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
Division Chief:			Date:
Prepared By:	fer	-	(signature) Date: 4/5/2024

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Jasmine Jordan, 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:	Leeann Krieg, Intergovernmental Affairs Liaison, Office of the Mayor				
	904-255-5015 E-mail: <u>leeannk@coj.net</u>				
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coi.net				
	Phone: 904-630-4647 E-mail: psidman@coj.net				
From:	Jacksonville Housing Finance Authority				
	Initiating Council Member / Independent Agency / Constitutional Officer				
	Phone: 255-8204 E-mail: tdaly@coj.net				
Primary	Thomas Daly, Chief of HCDD				
Contact:	(Name, Job Title, Department)				
	Phone: 255-8204 E-mail: tdaly@coj.net				
CC:	Leeann Krieg, Intergovernmental Affairs Liaison, Office of the Mayor				
	904-255-5015 E-mail: <u>leeannk@coj.net</u>				
l egislatio	on from Independent Agencies requires a resolution from the Independent Agency Board				
approvin	g the legislation.				
	dent Agency Action Item: Yes No				
Ε	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