LEGISLATIVE FACT SHEET

| DATE: | 07. | /19/21 | BT or RC No: | | | |
|--|---|--|---|--|--|--|
| | | | (Administration & City Council Bills) | | | |
| | | | | | | |
| SPONSO | DR: Jacks | sonville Housing Fin | ance Authority | | | |
| | | (De | epartment/Division/Agency/Council Member) | | | |
| Contact t | for all inquiries | and presentations | | | | |
| Provide Name: | | Thomas Daly | | | | |
| | Contact Numb | per: | 255-8204 | | | |
| | Email Address | s: | tdaly@coj.net | | | |
| Research w | ill complete this form | | ccessary? Provide; Who, What, When, Where, How and the Impact.) Council islation and the Administration is responsible for all other legislation. | | | |
| This resolu Revenue E for the purp | ition would approv Bonds (Lofts at Ca bose of financing | ve the issuance by the Ja thedral Apartments), Set the Acquisition, Construc | acksonville Housing Finance Authority of its Multi-Family Housing ries 2021, in an aggregate principal amount not to exceed \$20,500,000 ction, and Rehabilitation of a multifamily rental housing development ited in the City of Jacksonville, Florida. | | | |
| This project Jacksonvill | | pproximately 120 units o | f affordable housing and would be located at 325 & 327 E. Duval St., | | | |
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| 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) Amount: From: | | mount Appropriated | 0 as follows: | |
|---|---------------------------------------|-------------------------------|---------------------------------------|------------|
| Name of State Funding Source(s): From: | List the source <u>name</u> and pro | ovide Object and Subobject Nu | umbers for each category listed below | V : |
| Name of State Funding Source(s): To: | (Name of Fund as it will appear in ti | tle of legislation) | | |
| To: Amount: Name of State Funding Source(s): From: Amount: Name of City of Jacksonville Funding Source(s): To: Amount: Name of In-Kind Contribution(s): From: Amount: To: Amount: To: 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. (Whinimum of 350 words - Maximum of 1 page.) This project would include approximately 120 units of affordable housing and would be located at 325 & 327 E. Duval St., | Name of Federal Funding Source(s) | From: | Amount: | |
| Name of City of Jacksonville Funding Source(s): To: Amount: Amount: To: Amount: Amount: Amount: From: Amount: To: Amount: To: Amount: 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.) This project would include approximately 120 units of affordable housing and would be located at 325 & 327 E. Duval St., | tame of roughly analyge occioe(e) | | Amount: | |
| Name of State Funding Source(s): To: Amount: Name of City of Jacksonville Funding Source(s): To: Amount: From: Amount: From: Amount: Amount: Name & Number of Bond Account(s): 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.) This project would include approximately 120 units of affordable housing and would be located at 325 & 327 E. Duval St., | | | | |
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| | (Minimum of 350 words - Maximum of | 1 page.) | | |
| | Jacksonville, FL. | | | |

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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. |
| Γ | | <u> </u> | |
| Fiscal Year Carryover? | | Х | Note: If yes, note must include explanation of all-year subfund carryover language. |
| г | | <u> </u> | OID farme/a) lands in different for |
| CIP Amendment? | | Х | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. |
| Contract / Agreement Approval? | | х | 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? |
| Г | | | |
| Related RC/BT? | | Х | Attachment: If yes, attach appropriate RC/BT form(s). |
| Waiver of Code? | | Х | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. |
| r | | | |
| Code Exception? | | Х | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. |
| Related Enacted Ordinances? | | Х | 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 Continuation of Grant? | No 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? |
|---|---------|---|
| | | |
| Surplus Property Certification? Reporting Requirements? | x | Attachment: If yes, attach appropriate form(s). 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 |
| | | |
| Division Chief: /S: T | nomas J | Daly Date: 7/19/2022 (signature) |
| Prepared By: | | Date: |

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ADMINISTRATIVE TRANSMITTAL

| 10: | 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 |
| 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 |
| 1 10111. | 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> |
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| l egisləti | on from Independent Agencies requires a resolution from the Independent Agency Board |
| - | g the legislation. |
| | 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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