LEGISLATIVE FACT SHEET

DATE: 09/01/21	BT or RC No: (Administration & City Co		1-130		
SPONSOR: Neighborho	NSOR: Neighborhoods Department / Housing and Community Development Division (Department/Division/Agency/Council Member)				
Contact for all inquiries and p	resentation				
Provide Name:	Thomas Daly, Chief	_			
Contact Number:	255-8204				
Email Address:	tdaly@coj.net				
PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)					
The American Rescue Plan Act of 2021 Section 3201 (a); Pub. L. No. 117-2 through the U.S Department of the Treasury appropriates funding for use to certain eligible grantees to be used to provide Emergency Rental Assistance (ERAP) to eligible households not to exceed 18 months for payments of rent, rental arrears, untilities and home energy costs; utilities and home energy costs arrears and other expenses related to housing.					
APPROPRIATION: Total Amount Appropriatec \$30,839,253.40 as follows: List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below: (Name of Fund as it will appear in title of legislation)					
Name of Federal Funding Source(s	From: U.S. Department of Treasury	Amount:	\$30,839,253.40		
	To: Community Development Block Grant (ERAP)	Amount:	\$30,839,253.40		
Name of State Funding Source(s):	From:	Amount:			
	То:	Amount:			
Name of City of Jacksonville Fundi	From:	Amount:			
	То:	Amount:			
Name of In-Kind Contribution(s):	From:	Amount:	14		
	То:	Amount:	=		
Name & Number of Bond Account(s):	From:	Amount:			
navunita).	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.)

The U.S. Department of Treasury, through Section 3201 (a) of the American Rescue Plan Act of 2021, provides award for imergency rental and utilities assistance to eligible households. The City of Jacksonville is not required to match this fund.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

•		
ACTION ITEMS: Yes Emergency? x	No	Justification of Emergency: If yes, explanation must include detailed nature of emergency. The services authorized by this legislation are necessary to continue assisting individuals and families with relief from COVID-19 impacts.
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. This is an all years subfund.
CIP Amendment? Contract / Agreement Approval?	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? x 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 detailed explanation (including impacts) within white paper. Requesting a waiver of Section 126.107(g), in order to direct contract with Civitas, LLC which will result in these emergency funds reaching citizens in
Code Exception?	×	need as quickly as possible. 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.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

AU HUN	III EM2:	Yes	No					
Co	ontinuation of Grant?	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?				
	,				of Treasury provides award rental assistance and utilitie		ole grantees	
	plus Property			Attachment: If yes, att	ach appropriate form(s).			
	Certification?			•				
Re	Reporting equirements?		x	and frequency of repor	cies (including City Council ts, including when reports a untact name and telephone	re due. Provid	ie	
	(/	1	0	. ^				
Divis	ion Chief:	M	Que quita Mo	Doore for Thomas Daly, Esq.	ou Operations Direct	Date:	9/1/2021	
Pre	pared By:	P	1	u		Date:	9/1/2021	
				Adebisl Okewusi				
			A	OMINISTRATIVE TR	ANSMITTAL			
То:	MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325							
Thru:	Chiquita Moore, Neighborhoods Director of Operations							
	(Name, Job Titl	e, Depa	rtment)					
	Phone:	255-8	902	E-mail: Chiq	uitaM@coj.net			
From:	Thomas Daly, Chief, Housing and Community Development Division, Neighborhoods Department							
	Initiating Department Representative (Name, Job Title, Department)							
	Phone:	255-8	204	E-mail: tdaly	@coj.net			
Primary	Chiquita Moore, Neighborhoods Director of Operations							
Contact:	(Name, Job Title, Department)							
	Phone:	255-8	902	E-mail: Chiq	uitaM@coj.net			
CC:	Leeann Krieg	g, Dire	ctor of	Intergovernmental A	Affairs, Office of the Ma	ауог		
	Phone:	255-5	015	E-mail: le	eannk@coi.net			

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

10:		Idman, Office of Ger 904-630-4647		psidman@coj.net
From:				
	Initiating C	ouncil Member / Indepen	ident Agency /	Constitutional Officer
	Phone:		E-mail: _	
Primary				
Contact:	(Name, Jo	b Title, Department)		
	Phone:		E-mail: _	
CC:				
	Phone:		E-mail: _	
Legislati	on from Ir	ndependent Agencie	s requires a	resolution from the Independent Agency Board
approvin	g the legi	slation.		
Independ	dent Ager	ncy Action Item: You	es No	
Ε	3oards Ac	tion / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?
			[

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED