

RESOLUTION NO. 2009 - 93

A RESOLUTION APPROVING THE LOCAL HOUSING ASSISTANCE PLAN AS REQUIRED BY THE STATE HOUSING INITIATIVES PARTNERSHIP PROGRAM ACT, SUBSECTIONS 420.907-420.9079, FLORIDA STATUTES; AND RULE CHAPTER 67-37, FLORIDA ADMINISTRATIVE CODE; AUTHORIZING THE CHAIRMAN TO EXECUTE ANY NECESSARY DOCUMENTS AND CERTIFICATIONS NEEDED BY THE STATE; AUTHORIZING THE SUBMISSION OF THE LOCAL HOUSING ASSISTANCE PLAN FOR REVIEW AND APPROVAL BY THE FLORIDA HOUSING FINANCE CORPORATION; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the State of Florida enacted the William E. Sadowski Affordable Housing Act, Chapter 92-317 of Florida Sessions Laws, allocating a portion of documentary stamp taxes on deeds to local governments for the development and maintenance of affordable housing; and

WHEREAS, the State Housing Initiatives Partnership (SHIP) Act, ss. 420.907-420.9079, Florida Statutes (1992), and Rule Chapter 67-37, Florida Administrative Code, requires local governments to develop a one- to three-year Local Housing Assistance Plan outlining how funds will be used; and

WHEREAS, the SHIP Act requires local governments to establish the maximum SHIP funds allowable for each strategy; and

WHEREAS, the SHIP Act further requires local governments to establish an average area purchase price for new and existing housing benefiting from awards made pursuant to the Act; The methodology and purchase prices used are defined in the attached Local Housing Assistance Plan; and

WHEREAS, as required by *Chapter 67-37.005(6)(f)3, F.A.C.*, It is found that 5 percent of the local housing distribution plus 5 percent of program income is insufficient to adequately pay the necessary costs of administering the local housing assistance plan. The cost of administering the program may not exceed 10 percent of the local housing distribution plus 5% of program income deposited into the trust fund; and

WHEREAS, the Office of Management and Budget/SHIP Department has prepared a three-year Local Housing Assistance Plan for submission to the Florida Housing Finance Corporation; and

WHEREAS, the Board of County Commissioners finds that it is in the best

interest of the public for Nassau County to submit the Local Housing Assistance Plan for review and approval so as to qualify for said documentary stamp tax funds.

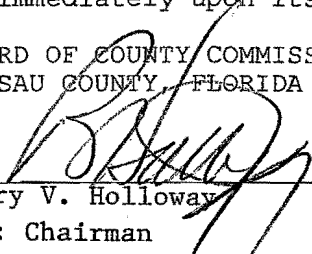
NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, THIS 27TH DAY OF APRIL, 2009 AS FOLLOWS:

Section 1: The Board of County Commissioners of Nassau County, Florida hereby approves the Local Housing Assistance Plan, as attached and incorporated hereto for submission to the Florida Housing Finance Corporation as required by ss. 420.907-420-9079, Florida Statutes, for fiscal years 2009-2010, 2010-2011, and 2011-2012.

Section 2: The Chairman is hereby designated and authorized to execute any documents and certifications required by the Florida Housing Finance Corporation as related to the Local Housing Assistance Plan, and to do all things necessary and proper to carry out the terms and conditions of said program.

Section 3: This resolution shall take effect immediately upon its adoption.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



Barry V. Holloway
Its: Chairman

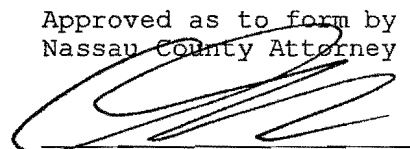
Attestation: Only to Authenticity as
to Chairman's Signature:



JOHN A. CRAWFORD
Its: Ex-Officio Clerk

2009/04/29/08

Approved as to form by the
Nassau County Attorney



DAVID A. HALLMAN

STATE HOUSING INITIATIVES PARTNERSHIP (SHIP) PROGRAM
INFORMATION SHEET

LOCAL GOVERNMENT: Nassau County Board of County Commissioners

CHIEF ELECTED OFFICIAL (Mayor, Chairman, etc.): Barry V. Holloway, Chairman

ADDRESS: 96160 Nassau Place
Yulee, FL 32097

SHIP ADMINISTRATOR: Jim Warren

ADDRESS: 96160 Nassau Place
Yulee, FL 32097

TELEPHONE: (904) 491-7390 FAX: (904) 321-5784

EMAIL ADDRESS: jwarren@nassaucountyfl.com

ADDITIONAL SHIP CONTACTS: Shanea Jones or Jean Martino

ADDRESS: 96160 Nassau Place
Yulee, FL 32097

EMAIL ADDRESS: siones@nassaucountyfl.com or jmartino@nassaucountyfl.com

INTERLOCAL AGREEMENT: YES/NO (IF yes, list other participants in the inter-local agreement):
No

The following information must be furnished to the Corporation before any funds can be disbursed.

LOCAL GOVERNMENT EMPLOYER FEDERAL ID NUMBER: 59-186-3042

MAIL DISBURSEMENT TO: _____

ADDRESS: _____

OR: IF YOUR FUNDS ARE ELECTRONICALLY TRANSFERRED PLEASE COMPLETE THE ATTACHED FORM:
XX NO CHANGE FROM PREVIOUS ELECTRONIC FORM SUBMITTED.

Provide any additional updates the Corporation should be aware of in the space below:

Please return this form to: SHIP PROGRAM MANAGER, FHFC 227 N. BRONOUGH ST, STE 5000
TALLAHASSEE, FL 32301 Fax: (850) 922-7253