



## Legislation Details (With Text)

**File #:** 18-0705

**Type:** Consent      **Status:** Agenda Ready

**In control:** Board of County Commissioners

**On agenda:** 9/11/2018      **Final action:**

**Title:** APPROVE THE AMENDED STATE HOUSING INITIATIVE PARTNERSHIP PROGRAM (SHIP)  
CLOSEOUT REPORT FOR FY 14/15

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. REVISED 07252018 1415 CLOSE OUT ShipAnnualReport.pdf, 2. ARCert2015-8252017.pdf

Date	Ver.	Action By	Action	Result
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**PLACEMENT:** Consent

**TITLE:**

**APPROVE THE AMENDED STATE HOUSING INITIATIVE PARTNERSHIP PROGRAM (SHIP)  
CLOSEOUT REPORT FOR FY 14/15**

**EXECUTIVE SUMMARY:**

The 2014/2015 SHIP program is complete. Florida Housing Finance Corporation (FHFC) has requested amendments to the Final Annual "Closeout" Report. Board approval is required for the Report to be submitted to the State, as required by SHIP regulations.

**DEPARTMENT:** Administration

**PREPARED BY:** **Name:** Dawn M. Cobb  
**Title:** Housing Program Coordinator

**REQUESTED BY:** George Stokus

**PRESET:**

**PROCEDURES:** None

**BACKGROUND/RELATED STRATEGIC GOAL:**

On September 12, 2017, the Board approved the 2014/2015 SHIP Final Annual Report for closeout. The Report was submitted to FHFC, as required, by September 15, 2017. FHFC has returned the Report requesting that Martin County make changes to and resubmit the Report. The Report has been amended as requested by FHFC and follows the FHFC required format. Board approval is required for the Report to be submitted to the State pursuant to SHIP regulations.

**ISSUES:**

The Certification Form includes a reference to the interim reports for SHIP 15/16 and 16/17 as they were included in the original certification.

**LEGAL SUFFICIENCY REVIEW:**

This item has been reviewed for legal sufficiency to determine whether it is consistent with applicable law.

**RECOMMENDED ACTION:**

**RECOMMENDATION**

1. Move the Board approve the amended 2014/2015 SHIP Final Report.
2. Move the Board authorize the Chairman to sign the Certification and any associated documents required for closeout.

**ALTERNATIVE RECOMMENDATIONS**

*Pull* this item from the Consent Agenda and provide staff with alternate direction.

**FISCAL IMPACT:**

**RECOMMENDATION**

None

Funding Source	County Funds	Non-County Funds
Subtotal		
Project Total		

**ALTERNATIVE RECOMMENDATIONS**

None

**DOCUMENT(S) REQUIRING ACTION:**

- ☐ Budget Transfer / Amendment   ☐ Chair Letter   ☐ Contract / Agreement  
☐ Grant / Application   ☐ Notice   ☐ Ordinance   ☐ Resolution  
☒ Other: Certification