

LEGISLATIVE FACT SHEET

DATE: 1/24/2012 **BT OR RC NUMBER:** _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): _____
Special Services/Behavioral and Human
Services/Ryan White HIV Part A Grant
Program

PURPOSE/SUMMARY:

To approve and authorize the Mayor or designee and Corporation Secretary to execute a Memorandum of Agreement (MOA) with the State of Florida Department of Health, Duval County Health Department for enhancing the efficiency and productivity of the planning and evaluation effort in providing services to persons living with HIV/AIDS (PLWHA) residing in the Jacksonville Transitional Grant Area (TGA). The geographic area of the TGA includes Duval, Clay, Nassau, and St. Johns Counties.

The City of Jacksonville receives Ryan White HIV/AIDS Treatment Extension Act Part A funds to provide HIV-related health and support services to PLWHA residing in the Jacksonville TGA. These services include outpatient medical care, medications, mental health counseling, substance abuse treatment, case management, and home health care. As part of the conditions of grant award, the Mayor in 1994 designated the Metropolitan Jacksonville Area HIV Health Services Planning Council as his advisory body to perform the legislatively mandated planning and evaluation functions.

The State of Florida receives Ryan White HIV/AIDS Treatment Extension Act Part B funds to provide HIV-related health and support services to PLWHA residing in the Jacksonville TGA and Baker County. The State of Florida Department of Health, Bureau of HIV/AIDS designated the First Coast CARES Consortium as its advisory body to perform the same legislatively mandated planning and evaluation functions as the Planning Council.

Ordinance 2009-0014 authorized the Mayor and Corporation Secretary to execute a MOA with the State of Florida Department of Health for an initial three year period ending February 29, 2012. The Planning Council has reviewed and evaluated the effect of the initial MOA and recommended that the MOA continue in operation for an indefinite period of time. The requested Ordinance would authorize the Mayor and Corporation Secretary to execute a new MOA with an "evergreen" term allowing for indefinite existence with ability of either party to cancel the MOA without cause upon notice of the other party.

APPROPRIATION : Total Amount Appropriated: \$ \$0 as follows:

| (Name of Fund as it will appear in title of legislation) | <u>Ryan White HIV Part A Program</u> |
|---|--------------------------------------|
| Name of Federal Funding Source: <u>N/A</u> | Amount: \$ <u>0</u> |
| Name of State Funding Source: <u>N/A</u> | Amount: \$ <u>0</u> |
| Name of City of Jax Funding Source: <u>N/A</u> | Amount: \$ <u>0</u> |
| Name of In-Kind Contribution Source: <u>N/A</u> | Amount: \$ <u>0</u> |
| Name of Bond Account: <u>N/A</u> | Amount: \$ <u>0</u> |
| Number: <u>N/A</u> | |

IMPACT - FINANCIAL/OTHER:

ACTION ITEMS:

Emergency? Yes No Justification: _____

Federal or State Mandates? Yes No
Fiscal Year Carryover? Yes No

| | | | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|---------------------------|-------------------------|
| CIP Amendment? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Attach CIP Form) | |
| Contract/Agreement (C/A) Approval? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Attach Copy Only) | |
| C/A negotiations on-going? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | | |
| Oversight Department Required? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | Department: | <u>Special Services</u> |
| Related RC?/BT? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Attach Copy) | |
| Waiver of Code? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Identify Code Provision) | _____ |
| | | | | | | |
| Code Exception? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Identify Code Provision) | _____ |
| | | | | | | |
| Continuation Grant? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | | |
| Surplus Property Certification? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | (Attach Copy) | |
| Related Enacted Ordinances? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | # or Previous Ordinance | <u>2009-0014</u> |
| Report Required to City Council/Council Auditors? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | Date | Frequency |
| | | | | | _____ | _____ |

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325, City Hall

CC: Chris Hand, Chief of Staff, Mayor's Office, 4th floor, City Hall

From: Kelley Boree, Acting Director, Recreation and Community Services
(Name, Job Title, Department)

Phone: 255-7908 Fax: 360-8552 E-mail: KBoree@coj.net

Contact person: Deidre Kelley, Program Manager, Behavioral and Human Services *DK*
(Name, Job Title, Department)

Phone: 630-3957 Fax: 630-0361 E-mail: dkelley@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER
TRANSMITTAL

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), OGC, Suite 480, City Hall

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED