

LEGISLATIVE FACT SHEET

DATE: April 16, 2012

BT OR RC NUMBER: BT 12-070
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Jacksonville Children's Commission

PURPOSE/SUMMARY:

To appropriate additional federal pass-through revenue received from the Early Learning Coalition of Duval, Inc. representing a 3-month extension of the current contract so that the expiration date becomes September 30, 2012. Funding was originally approved with Ordinance 2010-557-E (Schedule M).

APPROPRIATION: Total Amount Appropriated: \$ 4,700,000 as follows:

(Name of Fund as it will appear in title of legislation) JCC Special Revenue Grant Fund – Child Care Services Grant

Name of Federal Funding Source: Dept. of Health & Human Services Amount: \$ 4,700,000

Name of State Funding Source: Amount: \$

Name of City of Jax Funding Source: Amount: \$

Name of Non-Government Funding Source: Amount: \$

Name of Non-Government Funding Source: Amount: \$

Name of In-Kind Contribution Source: Amount: \$

Name of Bond Acct Amount: \$

Number _____

IMPACT - FINANCIAL/OTHER:

ACTION ITEMS:

Emergency?	Yes ___	No <u>X</u>	Justification: _____
Federal or State Mandates	Yes ___	No <u>X</u>	
Fiscal Year Carryover?	Yes ___	No <u>X</u>	
CIP Amendment?	Yes ___	No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___	No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No <u>X</u>	
Oversight Department Required?	Yes ___	No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes <u>X</u>	No ___	(Attach a copy)
Waiver of Code?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes <u>X</u>	No ___	
Surplus Property Certification?	Yes ___	No <u>X</u>	(Attach a copy)

Related Enacted Ordinances? Yes X No ___ Ord. # of Previous Ord. 2010-557
Report Required to City Council/Council Auditors
Yes ___ No X Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

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

CC: Chris Hand, Chief of Staff
Mayor's Office, Fourth Floor, City Hall at St. James

From: John Kabat, Acting Executive Director, Jacksonville Children's Commission
(Name, Job Title, Department)

Phone: 630-1860 Fax: _____ E-mail: _____

Contact person: Cynthia Nixon, Finance Director, Jacksonville Children's Commission
(Name, Job Title, Department)

Phone: 630-3652 Fax: 630-6474 E-mail: cnixon@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

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