

LEGISLATIVE FACT SHEET

DATE: October 18, 2012

BT OR RC NUMBER: 13-008
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate additional federal pass-through revenue received from The Ounce of Prevention Fund of Florida representing a 9-month extension of the High Risk Family Specialist project portion of the current contract. Funding was originally approved with Ordinance 2012-0433-E (Schedule M).

APPROPRIATION: Total Amount Appropriated: \$ 62,315 as follows:

(Name of Fund as it will appear in title of legislation) JCC Special Revenue Grant Fund – Healthy Families Jacksonville

Name of Federal Funding Source: Dept. of Health & Human Services	Amount: \$	62,315
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 X (Attach a copy)
Related Enacted Ordinances? Yes X No ___ Ord. # of Previous Ord. 2012-0433
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: Jill Dame, Acting Executive Director, Jacksonville Children's Commission
(Name, Job Title, Department)

Phone: 630-6425 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