

LEGISLATIVE FACT SHEET 2014-0388

DATE: 05/20/14

BT or RC No: BT14-075
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate the first year of a three year grant received from the Department of Children and Families to implement a three year Criminal Justice Mental Health and Substance Abuse Reinvestment Grant Program, pursuant to s. 394.656, F.S. The target population for services under this program is youth who reside in Duval County with substance abuse or mental health problems at risk of entry into the juvenile justice system. The grant is effective April 1, 2014 and extends through March 31, 2017. Also requesting a carryover of unspent funds into subsequent years as allowed by grantor.

APPROPRIATION: Total Amount Appropriated: \$800,000.00 as follows:

(Name of Fund as it will appear in title of legislation) Criminal Justice Reinvestment Grant

Name of Federal Funding Source: <u>Reserves - Federal Programs</u>	Amount: <u>\$40,000.00</u>
Name of State Funding Source: <u>FL Department of Children and Families</u>	Amount: <u>\$400,000.00</u>
Name of City of Jax Funding Source: _____	Amount: _____
Name of In-Kind Contribution: <u>NC - Inkind Contribution</u>	Amount: <u>\$360,000.00</u>
Name of Bond Acct: _____	Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

This appropriation provides much needed mental health and substance abuse services to youth residing in Duval County. Matching funds in the amount of \$40,000 will be provided from funds reserved for grant programs. In-kind services from community partners will be provided as additional match.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach CIP Form(s))
CIP Amendment?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: _____
C/A Negotiations On-going?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Oversight Department Required?	<input type="checkbox"/>	<input type="checkbox"/>	Identify Code: _____
Related RC/BT?	X	<input type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Code Exception?	<input type="checkbox"/>	<input type="checkbox"/>	Ordinance #: _____
Continuation of Grant?	<input type="checkbox"/>	<input type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input type="checkbox"/>	
Related Enacted Ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input type="checkbox"/>	

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Jon Heymann, Executive Director, JCC

(Name, Job Title, Department)

Phone: 630-6425

E-mail: jheymann@coj.net

Contact Cynthia Nixon, Director of Finance & Mgmt. Services, JCC

Person: (Name, Job Title, Department)

Phone: 630-3652

E-mail: cnixon@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

Contact _____

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED