

LEGISLATIVE FACT SHEET 2014-0481

DATE: 06/24/14

BT or RC No: 14-089 (revised)
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate funding from the National League of Cities for a grant called Cover Jacksonville. Cover Jacksonville is an eighteen month grant in partnership with the Player's Center at Wolfson's Children's Hospital, Unite Way, the Health Planning Council and Duval County Public Schools with the goal of creating a campaign to increase the number of children in Duval County enrolled in affordable healthcare coverage. The grant will begin July 2014 and go through December, 2015.

APPROPRIATION: Total Amount Appropriated: \$ 512,224.00 as follows:

(Name of Fund as it will appear in title of legislation) JCC - Cover Jacksonville Expanding Health Access Grant

Name of Federal Funding Source: _____	Amount: _____
Name of State Funding Source: <u>JCC - COJ Sources</u>	Amount: \$ <u>39,030.00</u>
Name of Private Funding Source: <u>National League of Cities</u>	Amount: \$ <u>259,995.00</u>
Name of In-Kind Contribution: <u>NC - Inkind Contributions</u>	Amount: \$ <u>213,199.00</u>
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANCIAL / OTHER:

The grant reduces the number fo uninsured children in Duval County by twenty (20) percent.

ACTION ITEMS:

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The grant is effective upon the official announcement July 14, 2014. We were notified via email on June 27, 2014.
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" 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

(Name, Job Title, Department)

Phone: 630 - 6425

E-mail: jheyman@coj.net

Contact Cynthia B. Nixon, Director of Finance & Management Services

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