

**LEGISLATIVE FACT SHEET**

2014-0763

DATE: 10/14/14

BT or RC No: RC 14-256  
(Administration Bills)

SPONSOR: Military Affairs and Veterans Department  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

Request for City Council to approve one additional Veteran Placement Specialist position for which the Homeless Veterans Reintegration Project (HVRP) grant has reallocated its funding to allow this additional position to be included in the grant period July 1, 2014 - June 30, 2015.

**APPROPRIATION: Total Amount Appropriated:**

**as follows:**

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source: <u>US Department of Labor</u>	Amount: <u>n/a</u>
Name of State Funding Source: _____	Amount: _____
Name of City of Jax Funding Source: _____	Amount: _____
Name of In-Kind Contribution: _____	Amount: _____
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

**IMPACT - FINANCIAL / OTHER:**

Funds were appropriated during FY14. This request is to increase the number of grant positions. There is no additional financial impact.

**ACTION ITEMS:**

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency:

(Attach CIP Form(s))

(Attach a copy)

Name of Dept.: Military Affairs and Veterans Department

(Attach a copy)

Identify Code: \_\_\_\_\_

Identify Code: \_\_\_\_\_

(Attach a copy)

Ordinance #: \_\_\_\_\_

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: <sup>VGG</sup> Victor G. Guillory, Director, Military Affairs and Veterans Department

(Name, Job Title, Department)

Phone: 904-630-3696

E-mail: Guillory@coj.net

Contact Harrison Conyers, Veteran Services Manager

Person: (Name, Job Title, Department)

Phone: 904-630-3621

E-mail: Hconyers@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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**