

# LEGISLATIVE FACT SHEET 2015-0229

DATE: 04/01/15

BT or RC No: N/A  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

The Jacksonville Children's Commission is requesting to revise Schedule A-2, approved by ordinance 2014-466-E to reflect changes in restructuring the Healthy Families Jacksonville Program. As required by Section 10.1 of the budget ordinance the listing of funding provided by the Jacksonville Children's Commission to agencies for children's programs, incorporated herein as part of Second Revised Schedule A-2, Public Service Grants, the Jacksonville Children's Commission shall not be permitted to transfer funds from one agency to another without City Council approval.

APPROPRIATION: Total Amount Appropriated: N/A as follows:

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

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$0.00

Name of State Funding Source: \_\_\_\_\_ Amount: \$0.00

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \$0.00

Name of In-Kind Contribution: \_\_\_\_\_ Amount: \$0.00

Name of Bond Acct: \_\_\_\_\_ Amount: \$0.00

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

No fiscal impact. The funds are currently in the Commission's FY15 budget.

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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"/>	Name of Dept.: _____
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>Ordinance 2014 - 466 - E</u>
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/CEO, JCC

(Name, Job Title, Department)

Phone: (904) 630-7270

E-mail: jheyman@coj.net

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

Person: (Name, Job Title, Department)

Phone: (904) 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.

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