

LEGISLATIVE FACT SHEET 2015-0324

DATE: _____

BT or RC No: BT15066
(Administration Bills)

SPONSOR: Parks, Recreation and Community Services/Senior Services Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

To appropriate \$460,625.00 for the Foster Grandparent Program (Continuation Grant) from funding comprised of \$356,695.00 (plus 10% clause) grant from the Corporation for National and Community Services, \$81,046 local cash from the City of Jacksonville and \$22,884 local In-kind match. The Foster Grandparent Program provides volunteer opportunities for more than 100 low-income elderly persons to render emotional and developmental support to children diagnosed as having special needs in a variety of designated child care settings in Duval County. Included among these settings are three (3) early child development settings, thirty-three (33) Duval County schools, and four (4) exceptional student centers. Grant period is July 1, 2015 - June 30, 2016. Grant match is funded from two sources - B1c reserve and a de-appropriation of the current FY15 Foster Grandparent Program.

APPROPRIATION: Total Amount Appropriated: _____ as follows:

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

Name of Federal Funding Source: <u>Corporation for National Service</u>	Amount:	<u>\$356,695.00</u>
Name of State Funding Source: _____	Amount:	_____
Name of City of Jax Funding Source: <u>Reserve for Federal Programs/ Grant</u>	Amount:	<u>\$81,046.00</u>
Name of In-Kind Contribution: _____	Amount:	<u>\$22,884.00</u>
Name of Bond Acct: _____	Amount:	_____
Bond Account Number: _____		

IMPACT - FINANCIAL / OTHER:

No Financial Impact to other grant or general funds

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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: Gloria Crawford, Chief, Senior Services

(Name, Job Title, Department)

Phone: 630-3410

E-mail: GCrawford@coj.net

Contact James Lee, Senior Services Grant Supervisor

Person: (Name, Job Title, Department)

Phone: 630-1258

E-mail: JamesL@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