

**LEGISLATIVE FACT SHEET**

2015-0325

DATE: 04/15/15

BT or RC No: BT15068  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

The purpose of this BT is to revise the budget set forth in Ordinance 2014-481-E; revise the allocation to non-profit partner agencies allocating to United Way - \$53,000, the Health Planning Council - \$12,900, Duval County Public Schools - \$24,000 and The Player's Center at Wolfson's Children's Hospital - \$13,000. Also requesting that flexibility be granted to reallocate funding to the partner agencies as needed and upon agreement with the partner agency without coming back to Council through the end of this grant which is December 2015. National League of Cities, as the grantor of the Cities Expanding Health Access for Children and Families grant, recognize that part of the process of reaching the grant objectives involves "mid-course corrections". As such recipients are encouraged to make adjustments in budgets, partnerships, and campaign goals in a manner that best meets the needs of their respective communities.

APPROPRIATION: Total Amount Appropriated: \_\_\_\_\_ 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: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of Private Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_  
Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_  
Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

None, the grant was appropriated by ordinance 2014-481-E. This legislation is to revise the budget and the contracts outlined for agencies by that ordinance. The grant reduces the number fo uninsured children in Duval County by twenty (20) percent.

**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"/>	<input type="text"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>Ordinance 2014-481-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

(Name, Job Title, Department)

Phone: 630 - 6425

E-mail: [jheymann@coj.net](mailto:jheymann@coj.net)

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

Person: (Name, Job Title, Department)

Phone: 630 - 3652

E-mail: [cnixon@coj.net](mailto: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](mailto: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**

**APPROVED BY:  
MAYOR'S BUDGET  
REVIEW COMMITTEE**

**DATE** APR 27 2015