

LEGISLATIVE FACT SHEET

2015-0364

DATE: _____

BT or RC No: BT15075
(Administration Bills)

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

PURPOSE/SUMMARY:

To increase the RELIEF program in the amount of \$12,454.64. The grant amendment/increase will support 1,661 additional hours of in-home respite care and companionship services for Seniors. The grant funds will expire June 30 2015. . No match is required.

APPROPRIATION: Total Amount Appropriated: _____ as follows:

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

Name of Federal Funding Source: <u>Department of Elder Affairs</u>	Amount: <u>\$12,454.64</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 - FINANICIAL / OTHER:

No 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.: Parks, Recreation and Community Services

(Attach a copy)

Identify Code: _____

Identify Code: _____

(Attach a copy)

Ordinance #: 2013-464

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: G.Crawford@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