LEGISLATIVE FACT SHEET 2015-0513

DATE:	06/30/15			BTo	r RC No:_	BT1508	7
					inistration B		
SPONSOR:	Jacksonville Childre	en's Co	mmiss	sion			
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PURPOSE/S	SUMMARY:						
	the second year of a five year						
	provide afterschool program						
	eights, Ramona and Windy H ded and appropriated annual						
allowed by the		.,		g	op om ramae		,
APPROPRIA	ATION: Total Amount A	Appropi	riated:	\$55	3.970.00	as follows:	
(Name of Fund	as it will appear in title of leg	islation)	21st C	entury Community L	earning Ce	nter Grant	
Name of Feder	ral Funding Source:			<u> </u>		Amount:	
Name of State Funding Source: Florida Department of Education (Pass through from DOE)						Amount:	\$518,970.00
Name of City of Jax Funding Source: Jacksonville Children's Commission						Amount:	\$35,000.00
Name of In-Kind Contribution:						Amount:	
						_	
Name of Bond Acct:						Amount: _	
Bond Account	Number:			 			
IMPACT - F	INANICIAL / OTHER:					<u> </u>	
1							
This grant prov	ides funding for three afterso	hool prog	grams s	erving a minimom of	f 300 numbe	r of children o	ver a five year
period. Initial y	ear did not require a cash ma	tch, but	a match	is required in subs	equent year	5,	
ACTION ITE	IMQ.	Von	Na				
		Yes	No	Justification of Em	organove		
Emergenc Endoral or	State Mandates?	1	 X	Justilication of En	lergency.		
	r Carryover?	X	$+^{\sim}$				
CIP Amen		\vdash	X	(Attach CIP Form(((2)	· .	
	Agreement (C/A) Approval?	\square	$\frac{x}{x}$	(Attach a copy)	(~))		
	iations On-going?		X	(
•	Department Required?	\Box	X	Name of Dept.:			
Related Re	·	×		(Attach a copy)			
Waiver of	Code?		X	Identify Code:			
Code Exce	eption?		X	Identify Code:			,
Continuati	on of Grant?		X	_			
Surplus Pr	operty Certification?		X	(Attach a copy)			
Related Er	nacted Ordinances?		X	Ordinance #:			
Report Re	quired to City Council or		X	_			
Council A	Auditors?			Date:		Frequency:	

ADMINISTRATIVE TRANSMITTAL

10:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325						
Cc:	Chief of Staff, Office of the Mayor						
From:	Jon Heyma	nn, Executive Direc	tor/CEO, Jacksonville Children's Commission				
	(Name, Job T	itle, Department)					
	Phone:	630-6425	E-mail: jheymann@coj.net				
Contac	t Cynthia Nix	on, Director of Fina	nce & Mgmt. Services, JCC				
Persor	Person: (Name, Job Title, Department)						
	Phone:	630-3652	E-mail: cnixon@coj.net				
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL							
To:	Peggy Sidn	nan Office of Gene	ral Counsel, St. James Suite 480				
10.	Phone:	630-4647	E-mail: psidman@coj.net				
			·				
From:							
	(Name, Job Ti	itle, Department)					
	Phone:	<u></u>	E-mail:				
Contac	\						
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Person		tle, Department)					
Person		tle, Department)	E-mail:				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
DATE