

LEGISLATIVE FACT SHEET 2015-0514

DATE: 06/30/15

RC 15205
BT or RC No: BT15088
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate an additional \$274,100 in State funding approved by the Florida Legislature for the Healthy Families Jacksonville program to serve an additional 80 "at risk" families in Jacksonville. Funds received from The Ounce of Prevention Fund/Healthy Families Florida (CFDA 93.558). The Healthy Families grant was initially approved on Schedule M in the 2015 Budget Ordinance (2014-466-E) for \$751,400.

APPROPRIATION: Total Amount Appropriated: \$274,100.00 as follows:

(Name of Fund as it will appear in title of legislation) Healthy Families Jacksonville - Expansion Funding

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: Department of Health & Human Services (thru State) Amount: \$274,100.00

Name of City of Jax Funding Source: _____ Amount: _____

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

The additional State of Florida funding of \$274,100 allows Jacksonville's Healthy Families program to serve an additional 80 "at risk" families. This brings the total grant funding to \$1,025,500.

ACTION ITEMS:

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Requesting a one cycle emergency. Additional funds approved in the State's budget effective 7/1/15. Appropriation required to execute contract amendment with the State.
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) <u>BT & RC</u>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>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: Chief of Staff, Office of the Mayor

From: Jon Heymann, Executive Director/CEO, Jacksonville Children's Commission

(Name, Job Title, Department)

Phone: (904) 630-6425

E-mail: jheyman@coj.net

Contact Cynthia Nixon, Director of Finance & Management 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.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED