

## LEGISLATIVE FACT SHEET

DATE: 03/28/16

BT or RC No: BT16-068  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

To move the prior year's appropriated and unspent federal grant authority from grant detail 15 to grant detail 16 per the attached approved carryover from the U.S. Department of Health and Human Services. The funds were initially appropriated in FY 14/15 per Budget Ordinance 2014-466-E, Schedule M (Attached).

APPROPRIATION: Total Amount Appropriated: \$1,522,138.00 as follows:

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

Name of Federal Funding Source: U.S. Department of Health and Human Services Amount: \$463,780.00

Name of State Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of City of Jax Funding Source: Fund Balance Transfer Amount: \$43,358.00

Name of In-Kind Contribution: Various Partners Providing Mental Health Services to Youth in Jax Amount: \$1,015,000.00

Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

None, funds were appropriated in FY14/15 and cash represents excess cash of \$43,358 from prior year grants.

**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 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 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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: Jon Heymann, Executive Director/CEO; JCC

(Name, Job Title, Department)

Phone: (904) 630-6425

E-mail: jheyman@coj.net

Contact Bill Hodges, Director of Government Affairs; JCC

Person: (Name, Job Title, Department)

Phone: (904) 630-6411

E-mail: bhodges@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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**