

# LEGISLATIVE FACT SHEET

BT 16-069  
RC 16-129

DATE: 03/29/16

BT or RC No: RC 16-129  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

The purpose of this BT is to appropriate \$5,627 from Mental Health America (MHA) to provide Youth Mental Health First Aid trainings. MHA is subcontracting with JCC at \$5,627 per year to provide the Youth Mental Health First Aid (YMHFA) trainings to after-school staff and community mentors effective October 1, 2015 for three years. JCC shall assign YMHFA trainer(s) to provide the services set forth in the attached agreement. This grant is for three years, however, funding will be provided on a year-to-year contractual basis.

APPROPRIATION: Total Amount Appropriated: \$5,627.00 as follows:

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

Name of Federal Funding Source: SAMHSA Pass-through Mental Health America Amount: \$5,627.00

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 - FINANCIAL / OTHER:**

Increases funds appropriated to JCC for providing Youth Mental Health First Aid trainings.

**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 type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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"/>	Name of Dept.: _____
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input 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

(Name, Job Title, Department)

Phone: (904) 630-6425

E-mail: jheyman@coj.net

Contact Bill Hodges, Director of Government Relations

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.

---

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