

LEGISLATIVE FACT SHEET

DATE: 06/23/16

RC16-190
BT or RC No: BT16-099
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate \$120,484.64 for the Independent Living, Respite for Elders Living in Everyday families (REFIEF) Program for the period July 1, 2016 through June 30, 2017. This program provides 12,873 hours of in-home respite care and companionship services. Funding is through the Northeast Florida Area Agency, dba ElderSource and includes a City Match of \$17,500.00.

APPROPRIATION: Total Amount Appropriated: \$120,484.64 as follows:

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

Name of Federal Funding Source: _____	Amount: _____
Name of State Funding Source: <u>ElderSource</u>	Amount: <u>\$102,984.64</u>
Name of City of Jax Funding Source: _____	Amount: _____
Name of In-Kind Contribution: <u>Reserve for Federal matching grants</u>	Amount: <u>\$17,500.00</u>
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANICIAL / OTHER:

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 CIP Form(s))
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>Parks, Recreation and Community Services</u>
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: Daryl Joseph, Director-Parks, Recreation and Community Services

(Name, Job Title, Department)

Phone: 255-7903 E-mail: djospeh@coj.net

Contact Gloria Crawford, Chief of Senior Services

Person: (Name, Job Title, Department)

Phone: 630-3410 E-mail: gcrawford@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 Gloria Crawford, Chief of Senior Services

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