

LEGISLATIVE FACT SHEET

DATE: 03/02/17

BT or RC No: B.T. 17-076
 (Administration & City Council Bills)

SPONSOR: Office of the Mayor/Jacksonville Journey
 (Department/Division/Agency/Council Member)

Contact for all inquiries and presentations _____

Provide Name: Mrs. Debbie Vargas

Contact Number: 904-630-1878

Email Address: dvargas@ccr.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide: Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.
 (Minimum of 350 words - Maximum of 1 page.)

This transfer reallocates existing funds to the appropriate line items to support the 2017 Summer Jobs Program. Additionally, a portion of the program will be outsourced to be managed by a third party. This will allow for program participants to maximize exposure to a variety of career opportunities outside of city government. In partnership with Jax Chamber, Florida State College at Jacksonville, the Duval County School Board, Career Source and the Cultural Council, the Mayor's Summer Jobs Program has developed a consolidated plan that aligns regional summer youth initiatives in order to achieve greater scale. The professional development youth strategy will result in upward mobility career paths for the target population. The strategy includes supportive pathways that provide a minimum of 350 youth with the education, skills and STEAM (science, technology, education, arts, and math) experiences that will lead to successful careers and will provide a talent pipeline strategy for employers. The plan will expand participant impact in 2018 through private-sector sponsorships.

APPROPRIATION: Total Amount Appropriated: \$223,487.00 as follows:
 List the source name and provide Object and Subject Numbers for each category listed below:

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

Name of Federal Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: Jacksonville Journey - Summer Jobs Program	Amount: <u>\$223,487.00</u>
	To: Jacksonville Journey - Summer Jobs Program	Amount: <u>\$223,487.00</u>
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and stating obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.
(Minimum of 250 words - Maximum of 1 page.)

This transfer is utilizing existing funds within the FY17 Summer Jobs Program appropriation. A match is not required.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No

Emergency? Yes No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State
Mandate? Yes No

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

[Empty box for Fiscal Year Carryover explanation]

CIP Amendment?
Contract / Agreement Approval?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

Mrs. Debbie Vargas, Jacksonville Journey Program Manager will oversee the program. Also, OGC has reviewed the contract.

Related RC/BT?
Waiver of Code?

Attachment: If yes, attach appropriate RC/BT form(s).

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

[Empty box for Code Reference]

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

We are invoking the exception of Section 126.107(g), Ordinance Code, to authorize a contract with Career Source without the necessity of competitive solicitation.

[Empty box for Code Exception]

Related Enacted Ordinances?

Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

2018-504-E

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No
Continuation of Grant?

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

[Empty box for Continuation of Grant explanation]

Surplus Property Certification?
Reporting Requirements?

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports.

[Empty box for Reporting Requirements explanation]

Division Chief: Kerri Steward
(signature)
Prepared By: [Signature]
(signature)

Date: 24 March 2017
Date: 3/2/17

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chail, Budget Office, St. James Suite 325

Thru: Dr. Charles Morland, Director of Community Affairs - Office of the Mayor
(Name, Job Title, Department)

Phone: 630-7215 E-mail: cmorland@coj.net

From: Debbie Verges, Jacksonville Journey Project Manager - Office of the Mayor
Initiating Department Representative (Name, Job Title, Department)

Phone: 630-1878 E-mail: dverges@coj.net

Primary Contact: Debbie Verges, Jacksonville Journey Project Manager - Office of the Mayor
Initiating Department Representative (Name, Job Title, Department)

Phone: 630-1878 E-mail: dverges@coj.net

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4847 E-mail: psidman@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item:

Yes No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED