

LEGISLATIVE FACT SHEET

DATE: 04/19/17

BT or RC No: BT17-098
(Administration & City Council Bills)

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

Contact for all inquiries and presentation Gloria Crawford, Chief & James Lee, Grant Supervisor

Provide Name: Gloria Crawford, Chief

Contact Number: 630-3410

Email Address: gcrawford@coj.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.)

Appropriate an \$20,000.00 in grant funds for the RELIEF program. The increase will support an additional 1,222 hours of in-home respite care and companionship services for Seniors. The grant ends June 30, 2017. No match is required.

APPROPRIATION: Total Amount Appropriated \$20,000.00 as follows:

List the source name and provide Object and Subobject 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: RELIEF Grant - ElderSource	Amount: \$20,000.00
	To: RELIEF Grant - Operating expenses	Amount: \$20,000.00
Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
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 staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

There is no fiscal impact. No match is required.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
			<input type="text" value="The RELIEF grant ends June 30, 2017 so the division is requesting an emergency passage of this legislation."/>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
			<input type="text"/>

Fiscal Year Carryover?

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

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?

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.

Code Exception?

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

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.

Ordinance 2016-469-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?

These funds are being use to pay stipends to our Seniors and increase operating accounts. No match is required. The RELIEF grant will end June 30, 2017.

Surplus Property
Certification?

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

Reporting
Requirements?

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

Division Chief:

Blair C. Crawford
(signature)

Date:

4/19/17

Prepared By:

[Signature]
(signature)

Date:

4/19/17

ADMINISTRATIVE TRANSMITTAL

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

Thru: James Lee, Sr. Services Grant Supervisor, Parks, Recreation and Community Services
(Name, Job Title, Department)
Phone: 630-1258 E-mail: Jamesl@coj.net

From: Gloria Crawford, Chief, Parks, Recreation and Community Services
Initiating Department Representative (Name, Job Title, Department)
Phone: 630-3410 E-mail: gcrawford@coj.net

Primary Contact: James Lee, Sr. Services Grant Supervisor, Parks, Recreation and Community Services
(Name, Job Title, Department)
Phone: 630-1258 E-mail: Jamesl@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: 904-630-4647 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