LEGISLATIVE FACT SHEET

04/19/17 DATE:

Contact Number:

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 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 Appropriatec

\$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: |
|--|---------------------------------------|---------------------|
| | То: | 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: |
| | То: | Amount: |
| Name of In-Kind Contribution(s): | From: | Amount: |
| | То: | Amount: |
| Name & Number of Bond Account(s): | From: | Amount: |
| | То: | Amount: |

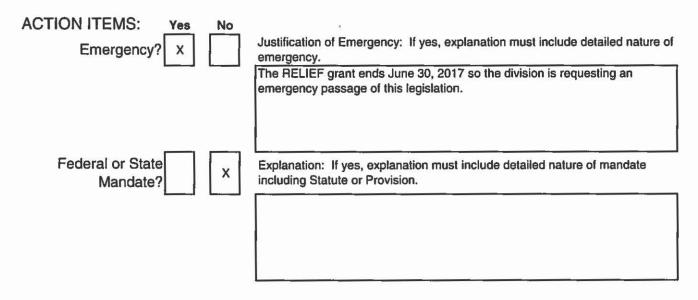
PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

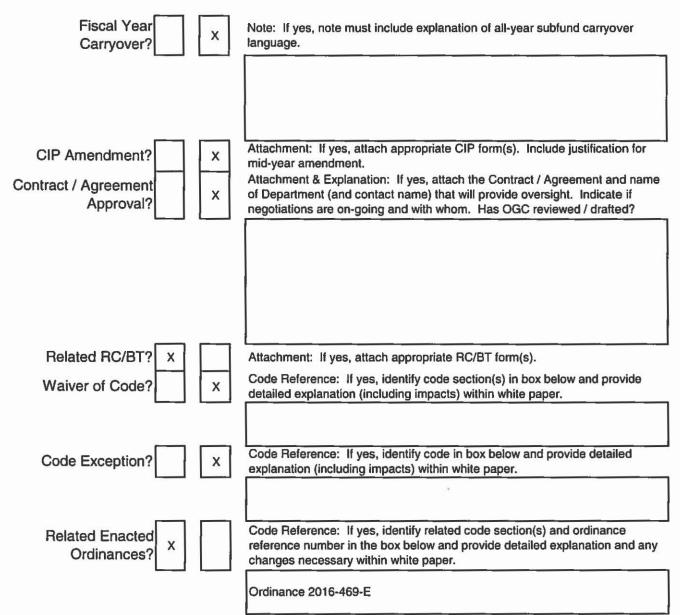
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation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

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

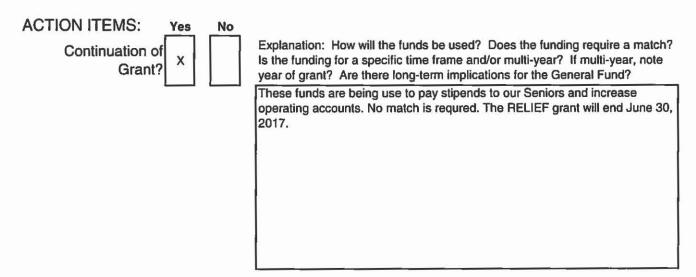
There is no fiscal impact. No match is required.

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





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



Surplus Property х Attachment: If yes, attach appropriate form(s). **Certification?** Explanation: List agencies (including City Council / Auditor) to receive reports Reporting and frequency of reports, including when reports are due. Provide Х **Requirements?** Department (include contact name and telephone number) responsible for 119/17 Date: 4 **Division Chief:** (signature) Date: 4 q Prepared By: (signature)

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

| То: | Peggy Sidman, Office o Phone: 904-630-464 | General Counsel, St. James Suite 480 E-mail: psidman@coj.net | |
|----------|---|---|--|
| From: | | | |
| | Initiating Council Member / Independent Agency / Constitutional Officer | | |
| | Phone: | E-mail: | |
| Primary | | | |
| Contact: | (Name, Job Title, Departmen | | |
| | Phone: | E-mail: | |
| CC: | Allison Korman Shelton | Director of Intergovernmental Affairs, Office of the Mayor | |
| | 904-630-1825 E-mail: | akshelton@coj.net | |
| | | | |
| - | on from Independent Ag | ncies requires a resolution from the Independent Agency Board | |

 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