

LEGISLATIVE FACT SHEET

DATE: 01/17/18

BT or RC No: BT18-043
(Administration & City Council Bills)

SPONSOR: Neighborhoods / Animal Care & Protective Services Division
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: _____

Provide Name: Devron Cody, Chief

Contact Number: 255-7033

Email Address: Dcody@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.)

This legislation is needed to appropriate a grant award of \$50,038 from Pet Smart Charities, Inc. These funds will be used for 12-months to provide 642 free spay/neuter surgeries for owned large dogs and owned and free roaming cats for under resourced residents in the City of Jacksonville and Duval County, Florida. These funds will be used for surgical costs and will be made in a single cash installment from PetSmart Charities, Inc.

APPROPRIATION: Total Amount Appropriated \$50,038.00 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: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: <u>Petsmart Charities</u>	Amount: <u>\$50,038</u>
	To: <u>Animal Control Grants</u>	Amount: <u>\$50,038.00</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 staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

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

These funds are coming from a private source and will be used to assist the City's Animal Care and Protective Services Division with providing funding to pay for 642 free spay/neuter surgeries for owned-large dogs and owned free roaming cats for under resourced residents in the City of Jacksonville and Duval County, Florida. If any grant funds remain after the expenses are covered in the grant purpose, the remaining grant funds may be used, with written permission from PetSmart Charities, Inc. toward spay/neuter costs for any shelter pets to support future adoption. This grant does not require a match and the grant end date is December 31, 2018.

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

ACTION ITEMS:

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.

This is an all years sub-fund, carry over is not required.

CIP Amendment?

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

Contract / Agreement Approval?

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?

A copy of the grant award agreement is attached. Animal Care and Protective Services within the Neighborhoods Department will provide oversight. The Office of General Counsel and Risk Management have reviewed the agreement.

Related RC/BT?

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

Waiver of Code?

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.

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?

Surplus Property Certification?

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

In accordance with the award, the interim report will be available on July 1, 2018 and due on August 1, 2018. The final report will be available on January 1, 2019 and due by February 1, 2019 to PetSmart Charities, Inc.

Division Chief: 
(signature)

Date: 1-18-18

Prepared By: Chuck McNeil, Finance Manager
(signature)

Date: 1/17/2018

ADMINISTRATIVE TRANSMITTAL

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

Thru: Stephanie Burch, Esq., Director, Neighborhoods

(Name, Job Title, Department)

Phone: 255-8902

E-mail: stephanieb@coj.net

From: Devron Cody, Division Chief, Neighborhoods, Animal Care and Protective Services Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-7033

E-mail: Dcody@coj.net

Primary Contact: Same as above

(Name, Job Title, Department)

Phone: same as above

E-mail: _____

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