LEGISLATIVE FACT SHEET

DATE:	02/13/19		BT or RC I		Г18-058 С18-108	
			(Administration & City Council Bills)			
SPONSO	PR: Kids Hope		artment/Division/Agency/Council N	Member)		
Contact f	or all inquiries and p	Mike We	einstein			
Provide N	lame:	Kids Hope Alliance Interim Executive Director				
	Contact Number:	(904) 630-7660			
	Email Address:	mw	einstein@coj.net			
Research wii (Minimum The purpos for the Kids funded thro programs. I When the J Schedule M outcome of formed, the America's L Communitie Edward Wa Ephesus Jr Livingway H Tristan's Ac Word of Tri	Il comolete this form for Count of 350 words - Maxin the of this legislation is to the Hope Alliance, the Jack augh May 31, 2018 through art time hours of 22,000 lacksonville Children's Count of 15 augh 15 augh 16 augh 17 augh 18	princil introduced leads aum of 1 page.) pring funds from the sonville Partnership the September 30, 2 are requested for the sonville Partnership the sonville Partnership the September 30, 2 are requested for the sonville prams. The remain which created Chaptick to City Council to 10 = \$30,000 to 10 = \$30,000 to 10 = \$20,000 to 10 = \$20,000 to 10 = \$20,000 to 10 = \$20,000 to 10 to		l in budget ordina to extend progra arning and the yo the Commission a contingency re nce the Kids Hope	ince 2017-504-E ims previously inth summer jobs was provided via eserve pending the e Alliance was programs.	
			Subobject Numbers for ea			
(Name of F	und as it will appear in til	le of legislation)				
Name of Fe	ederal Funding Source(s)	From;		Amount:		
		To:		Amount:		
Name of St	ate Funding Source(s):	From:		Amount:		
	22 00 00 00 00 00 00 00 00 00 00 00 00 0	То:		Amount:		
Name of Ci	ty of Jacksonville	From: KHA Progr	am Contingency	Amount:	\$5,879,567.00	
		To: KHA Progr	ams	Amount:	\$5,879,567.00	
Name of In	Kind Contribution(s):	From:		Amount:		

Name & Number of Bond	From:		Amount:	
Account(s):	To:		Amount:	
	10.		Amount	
the funding for a specific time frame 122 & 106 regarding funding of anti (Minimum of 350 words - Maximum of As part of the FY18 budget process	ng from ? Will i cipated 1 page.)	, going to, how will the funds be there be an ongoing maintenance post-construction operation cos m funds were placed in a contin	used? Does the funding require a match? Is se? and staffing obligation? Per Chapters	
ending May 31, 2018 through Septe Summer Youth Employment progra	ember 3	0, 2018; and to fund the 2018 si	ummer learning programs and the Mayor's	
ACTION ITEMS: Purpose / 0 code provisions for each.	Check	List. If "Yes" please provid	e detail by attaching justification, and	
ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If emergency.	yes, explanation must include detailed nature of	
Federal or State Mandate?	х	Explanation: If yes, explanation including Statute or Provision.	n must include detailed nature of mandate	
Fiscal Year Carryover?	х	Note: If yes, note must include language.	e explanation of all-year subfund carryover	
CIP Amendment? Contract / Agreement Approval?	x	mid-year amendment. Attachment & Explanation: If yof Department (and contact na	ropriate CIP form(s). Include justification for yes, attach the Contract / Agreement and name ime) that will provide oversight. Indicate if with whom. Has OGC reviewed / drafted?	

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Related RC/BT? X	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? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted X Ordinances?	126.107 (g) and allow for the direct contract for summer programs for sites noted above, consistent with all other terms of RFP ESC-0465-17 and any amendments. 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. 2017-504-E, 2017-410-E, 2017-569-E and 2017-698-E
ACTION ITEMS CONTINUED: Purjustification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Yes No Continuation of Grant? X	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?	Attachment: If yes, attach appropriate form(s).
Reporting X 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 generating
Division Chief:	(signature) Date: 2/21/8
Prepared By: Cyrthio	Note: 2/13/18 (signature)

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325					
Thru:	Name Joh Tilla December 1					
	(Name, Job Title, Department)					
	Phone: E-mail:					
From:	Michael Weinstein, Interim CEO, Kids Hope Alliance					
	Initiating Department Representative (Name, Job Title, Department)					
	Phone: (904) 630-7660 E-mail: <u>mweinstein@coj.net</u>					
Primary	Cynthia Nixon					
Contact:						
	Phone: (904) 630-3652					
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor					
	904-630-1825 E-mail: akshelton@coj.net					
COLIN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
COUNT	CIE WEWIDER / INDEPENDENT AGENCY / CONSTITUTIONAE OFFICER TRANSMITTAE					
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480					
	Phone: 904-630-4647 E-mail: psidman@coj.net					
From:						
3 2 3 1 1 1 1 1 1	Initiating Council Member / Independent Agency / Constitutional Officer					
	Phone: E-mail:					
Primary						
	(Name, Job Title, Department)					
	Phone: E-mail:					
00.						
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor					
	904-630-1825 E-mail: akshelton@coj.net					
-	on from Independent Agencies requires a resolution from the Independent Agency Board					
	ng the legislation.					
	dent Agency Action Item: Yes No Attachment: If yes, attach appropriate documentation. If no,					
E	Boards Action / Resolution? X Attachment: Tryes, attach appropriate documentation. Tribs, when is board action scheduled?					

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