LEGISLATIVE FACT SHEET

DATE: _ April 18, 2018	3	BT or RC No:
		stration & City Council Bills)
SPONSOR: Finance an	d Admistration	18
· ·	(Department/Division/Age	ency/Council Member)
Contact for all inquiries and p	resentation Office of G	Grant and Contract Compliance
Provide Name:	Damian	Cook
Contact Number:	255-8742	
Email Address:	damianc@coj.net	
	uncil introduced legislation and the Administ	What, When, Where, How and the Impact.) Council ration is responsible for all other legislation.
\$266,000, which represented a sho (IOLTA). The exhibit that was passe 'Veteran's Helpline' similar to the O for an approved low income veterar	rtfall created by the reduced collections ed stated, "These one-time funds shall l AA-funded Elder Helpline already in ex n population. The contract shall be draft	vard Jacksonville Area Legal Aid (JALA) is from the Interest on Lawyers Trust Accounts be used to assist in the design of a state-wide istence in Florida and other related legal issues ted in compliance with Chapter 118 (Public ents and made contemporaneously with the JALA
	e of General Counsel (OGC), JALA, an to correct the language stated above.	
by the reduced collections from IOL activities to include: (1) Community Limited Service, or Self-Help; and (TA sources. These one-time funds sh Education & Outreach; (2) Intake; (3) / 5) Referral. The contract shall be draft	266,000.00 which represents a shortfall created all be used to assist in JALA mission-related Advice & Consulting; (4) Full Representation, ed in compliance with Chapter 118 (Public 7, and shall be divided into two payments.
Please contact Mr. Damian Cook, G consideration in this matter.	arant Administrator in the Office of Gran	nts and Compliance. Thank you for your
APPROPRIATION: Total Ar List the source <u>name</u> and pro (Name of Fund as it will appear in ti	ovide Object and Subobject Nun	as follows: nbers for each category listed below:
	From:	Amount:
Name of Federal Funding Source(s)	To:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From: JXMS011JALA-08201	Amount: \$266,000.00

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Funding Source(s):	TO: JXMSPIIJALA - Ø8ZØI	Amount: \$ 266,000.
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	То:	Amount:

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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.)

The funding for this legislation will stay in the listed account. The legislation is necessary allow funding to remain in Duval County. The design of a state-wide "Veteran's Helpline" is a project out of Hillsborough County in which JALA is not invovled. The funds represent a shortfall created by the reduced collections from IOLTA sources. These one-time funds shall be used to assist in JALA mission-related activities to include: (1) Community Education & Outreach; (2) Intake; (3) Advice & Consulting; (4) Full Representation, Limited Service, or Self-Help; and (5) Referral. The contract shall be drafted in compliance with Chapter 118 (Public Service Grants), Ordinance Code with an effective date of October 1, 2017, and shall be divided into two payments.

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

ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X	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? OGC is aware of this proposed amendment
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. No other waiver is necessary beside carryover authorization.
Code Exception? X	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: Figure justification, and code provisions	Purpose / Check List. If "Yes" please provide detail by attaching 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?
	One-time funding
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 These funds will be governed under Chapter 118 parts 1-5.
Division Chief:	Date: 4/26/15
9	(signature)
Prepared By:	(signature) Date: 4/26/18

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Michael Weinstein, Director of Finance and Administration (Name, Job Title, Department)		
	Phone: 630-7660 E-mail: <u>mweinstein@coj.net</u>		
From:	Damian Cook, Grant Administrator, Finance and Administration		
	Initiating Department Representative (Name, Job Title, Department) Phone: 255-8742 E-mail: <u>Damianc@coj.net</u>		
Primary Contact:	John Snyder, Human Services Planner III, Finance and Administration (Name, Job Title, Department)		
	Phone: 255-8202 E-mail: jsnyder@coj.net		
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net		
COUN	CIL 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:	Damian Cook, Grant Administrator, Finance and Administration		
	Initiating Council Member / Independent Agency / Constitutional Officer		
Primary Contact:	Phone: 255-8742 E-mail: damianc@coj.net John Snyder, Human Services Planner III, Finance and Administration (Name, Job Title, Department)		
	Phone: 255-8202 E-mail: jsnyder@coj.net		
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>akshelton@coj.net</u>		
approvin Independ	on from Independent Agencies requires a resolution from the Independent Agency Board agency Board action. Gent Agency Action Item: Yes No Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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