LEGISLATIVE FACT SHEET

DATE:	07/25/18	BT or RC No: BT 8-0 90
		(Administration & City Council Bills)
SPONSO	DR: Parks, Recreation and	Community Services Department/Senior Services Division
		(Department/Division/Agency/Council Member)
Contact t	for all inquiries and presentation	Glorida Crawford, Division Chief
Provide I	Name:	Gloria Crawford
	Contact Number:	904-630-3410
	Email Address:	gcrawford@coj.net
Research w		s necessary? Provide; Who, What, When, Where, How and the Impact.) Council legislation and the Administration is responsible for all other legislation.
The Depar which allow Services. allowance match. Th	tment of Parks, Recreation and Commus acceptance of \$86,211 in additional Legislation is necessary to accept and for increase in ordinance 2016-504. Te additional funding will provide continuous provide continuous for increase in ordinance 2016-504.	nunity Services, Senior Services Division, requests initiation of legislation funding provided by the grantor, the Department of Health and Human appropriate the additional funds as the added funding exceeds the 15% the grant was listed in 2016-506 on the B1a schedule and requires no uity of service during the extension period. The original grant period was is additional appropriation has been extended to September 30, 2018.

Page 1 of 6 Rev. 8/2/2016 (CLB RM)

\$86,211.00 as follows:

List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Forders Funding Course(s)	From:	Department of Health and Human Services	Amount:	\$86,211.00
Name of Federal Funding Source(s	То:	Emergency Home Energy Assistance for Elders RPAH1F6EHEA RCA026 17 01306 & 04911A	Amount:	\$86,211.00
Name of State Funding Source(s):	From:	NA	Amount:	
Traine or orace various ground (e).	То:		Amount:	
Name of City of Jacksonville	From:	NA	Amount:	
Funding Source(s):	То:		Amount:	
Name of In-Kind Contribution(s):	From:	NA	Amount:	
Name of m-Nino Contribution(s).	То:		Amount:	
Name & Number of Bond	From:	NA	Amount:	
Account(s):	To:		Amount:	

Page 2 of 6 Rcv. 8/2/2016 (CLB RM)

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 Department of Parks, Recreation and Community Services, Senior Service which allows acceptance of \$86,211 in additional funding provided by the grant Services. Legislation is necessary to accept and appropriate the additional fundlowance for increase in ordinance 2016-504. The grant was listed in 2016-50 match. The additional funding will provide continuity of service during the external 1, 2017 through March 31, 2018 and with this additional appropriation has	tor, The Department of Health and Human ands as the added funding exceeds the 15% on the B1a schedule and requires no ansion period. The original grant period was
ACTION ITEMS: Purpose / Check List. If "Yes" please provide code provisions for each.	detail by attaching justification, and
emergency.	explanation must include detailed nature of allow the program to continue operations.
Federal or State Mandate? Explanation: If yes, explanation including Statute or Provision.	nust include detailed nature of mandate

Page 3 of 6 Rev. 8/2/2016 (CLB RM)

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? x Contract / Agreement x 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? Parks, Recreation and Community Services, Senior Services Division, is managing this contract. Contact is Gloria Crawford. Contract copy attached.
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.
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.
	FY17 Budget Ordinance (2016-504-E), applicable page (attached)
ACTION ITEMS CONTINUED: Pur justification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Yes No Continuation of x 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? The grant provides funding to the low income senior population for energy funding assistance.

Page 4 of 6

Surplus Property Certification? Reporting Requirements? x	Explanation: List agencies (including City Courand frequency of reports, including when report Department (include contact name and telepho Reports required to grantor. Adebisi Okewusi p Division Chief Gloria Crawford.	ts are due. Provide one number) responsible for
Division Chief: CorucC Prepared By:	(signature)	Date: 725 2018

Page 5 of 6 Rev. 8/2/2016 (CLB RM)

ADMINISTRATIVE TRANSMITTAL

10:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	Daryl Joseph, Director, Parks, Recreation and Community Services Department
	(Name, Job Title, Department)
	Phone: 904-255-7903 E-mail: <u>djoseph@coj.net</u>
From:	Gloria Crawford, Chief, Senior Services Division
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 904-630-3410 E-mail: gcrawford@coj.net
Primary	Gloria Crawford. Chief, Senior Services
Contact:	(Name, Job Title, Department)
	Phone: 630-3410 E-mail: gcrawford@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:	
	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: E-mail:
Primary	
	(Name, Job Title, Department)
CC:	
	904-630-1825 E-mail: akshelton@coj.net
Lawistak	
_	
	dent Agency Action Item: Yes No
I	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: <u>akshelton@coj.net</u>
	904-630-1625 E-mailaksnelton@coj.net_
	904-630-1825 E-mail: akshelton@coj.net
CC:	
	Phone: E-mail:
Contact:	
	(Name, Job Title, Department)
	(Name Joh Title Department)
Contact:	(Name, Job Title, Department)
	Phone: E-mail:
	Phone: E-mail:
Primary Contact:	
	Phone: E-mail:
	Initiating Council Member / Independent Agency / Constitutional Officer
From:	Initiating Council Member / Independent Agency / Constitutional Officer
From:	
Erom:	
	Friorie. 304-030-4047 E-mail. psidman@coj.net
From:	
rom:	Initiating Council Member / Independent Agency / Constitutional Officer
	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: E-mail:
	Initiating Council Member / Independent Agency / Constitutional Officer
i Tolli.	Initiating Council Member / Independent Agency / Constitutional Officer
From:	Initiating Council Member / Independent Agency / Constitutional Officer
From:	
	Phone: 904-630-4647 E-mail: psidman@coj.net
10:	AND THE STATE OF T
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
COOM	CIL MEMBER / INDEPENDENT AGENCT / CONSTITUTIONAL OFFICER TRANSMITTAL
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To:	Peggy Sidman Office of General Counsel St. James Suite 480
-	
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480
To:	AND THE STATE OF T
10.	AND THE STATE OF T
	Phone: 904-630-4647 E-mail: psidman@coj.net
1 10111.	Initiating Council Member / Independent Agency / Constitutional Officer
Primary	
	Phone: E-mail:
CC:	
	·
_	on from Independent Agencies requires a resolution from the Independent Agency Board ig the legislation.
	Attachments If you attach appropriate decomposition If an
I	Roards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,
I	Attachments If you attach appropriate decomposition If an

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 6 of 6 Rev. 8/2/2016 (CLB RM)