

LEGISLATIVE FACT SHEET

DATE: 11/02/18

BT or RC No: BT19-031
(Administration & City Council Bills)

SPONSOR: Judicial Courts
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation Charles Patterson

Provide Name: Charles Patterson

Contact Number: 904-255-1009

Email Address: cpatterson@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.)

To appropriate funding for a grant from the Community Foundation for Northeast Florida. This is a three year grant (Jan. 15, 2019 through Dec. 30, 2021) at \$30,000 per year (\$90,000 total). Funding will provide critical mental health and substance abuse services for Duval County Teen Court participants. No City match required.

APPROPRIATION: Total Amount Appropriated \$30,000.00 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: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: Miscellaneous Grant Projects / Duval County Teen Court / COSR1F1CTC / COS014-19 / 36602	Amount: \$30,000.00
	To: Miscellaneous Grant Projects / Duval County Teen Court / COSR1F1CTC / COS014-19 / 03410	Amount: \$30,000.00
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.)

A private donor, through The Community Foundation of Northeast Florida, is providing to the Courts a 3 year grant beginning Jan. 15, 2019 through Dec. 30, 2021. These funds will be used in the Duval County Teen Court to assist with the provision of mental health and substance abuse services. This grant will also help cover the gap in funding to provide these critical services. Staffing will be provided through current contracted staff members. No City match required.

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

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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?

The Grant will be overseen by the Judicial Courts, Director of Teen Courts. This is a grant provided by the Community Foundation of Northeast Florida.

Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

The Director of Teen Courts within the Judicial Courts will provide the Community Foundation of Northeast Florida with reports of grant activity, including an Interim Grant Report (due Feb. 1, 2020 and Feb. 1, 2021) and Closing Grant Report (due Jan. 15, 2022).

Division Chief: Joseph S. Steel, Jr.
(signature)

Date: 11/8/17

Prepared By: Carl Wells
(signature)

Date: 11/8/18

ADMINISTRATIVE TRANSMITTAL

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

Thru: Joseph G. Stelma, Trial Court Administrator, Court Administration

(Name, Job Title, Department)

Phone: 904-255-1002 E-mail: jstelma@coj.net

From: Charles Patterson, Administrative Services Manager, Court Administration

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-255-1009 E-mail: cpatterson@coj.net

Primary Contact: Charles Patterson, Administrative Services Manager, Court Administration

(Name, Job Title, Department)

Phone: 904-255-1009 E-mail: cpatterson@coj.net

CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

904-630-1825 E-mail: JElsbury@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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

904-630-1825 E-mail: JElsbury@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