

LEGISLATIVE FACT SHEET

DATE: 12/19/18

BT or RC No: BT19-050
(Administration & City Council Bills)

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

Contact for all inquiries and presentation: Devron Cody

Provide Name: Devron Cody, Chief of Animal Care and Protective Services

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 need to appropriate a grant award of \$50,000.00 from PetSmart Charities, Inc. These funds will be used to expand Animal Care and Protective Services' Pet Safety Net program by utilizing Animal Control Officers and Shelter Staff to identify residents and pets in need, and equip them with the resources to provide immediate assistance such as: supplies, medical costs, behavioral training, and housing solutions to serve an estimated 1,000 pets and 1,000 people in the City of Jacksonville. The Distribution of funds will be made in a single cash installment from PetSmart Charities, Inc. and implementation of the grant will be through ACPS non-profit partners.

APPROPRIATION: Total Amount Appropriated \$50,000.00 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: PetSmart Charities	Amount: \$50,000.00
	To: Animal Control Grants	Amount: \$50,000.00
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.)

These funds are coming from a private source and will be used to assist the City's Animal Care and Protective Services Division by providing funding to expand Animal Care and Protective Services' Pet Safety Net program by utilizing Animal Control Officers and Shelter Staff to identify residents and pets in need, and equip them with the resources to provide immediate assistance such as: supplies, medical costs, behavioral training, and housing solutions to serve an estimated 1,000 pets and 1,000 people in the City of Jacksonville. The implementation of this grant will be through ACPS non-profit partners. If any grant funds remain unspent for the purpose and term of this grant, PetSmart Charities must be notified within 30 days after the end of the grant term for consideration of remaining funds or return any unused funds to PetSmart Charities. This Grant does not require a match and the grant end date is October 31, 2019.

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.

Subfund 1F1 is all-years

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?

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 approved the agreement.

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 generating

In accordance with the award, the interim report will be available on May 1, 2019 and is due by June 1, 2019. The final report will be available on November 1, 2019 and will be due by December 1, 2019 to PetSmart Charities, Inc.

Division Chief: 
(signature)

Date: 12/21/18

Prepared By:  Daniel Nasr, Finance Manager
(signature)

Date: 12/19/2018

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

(Name, Job Title, Department)

Phone: 255-7033

E-mail: Dcody@coj.net

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

Phone: 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

Phone: 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