

**LEGISLATIVE FACT SHEET**

DATE: 02/26/19

RC19-106  
BT or RC No: BT19-073  
(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](mailto: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 needed to appropriate a grant award of \$50,000.00 from The Duffield Family Foundation dba Maddie's Fund, which will be used to support a Maddie's Shelter Medicine internship. The funding provided will be used to pay for salary and benefits to a licensed veterinarian seeking to obtain a certificate in Shelter Medicine from Maddie's Fund. The paid salary will be approximately \$35,000 per year with the remaining funding utilized for benefits. The distribution of funds will be made in a single cash installment from Maddie's Fund.

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: Maddie's Fund	Amount: \$50,000.00
	To: Animal Control Grants - Salaries & Benefits	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.)

<p>These funds are coming from a private source and will be used to support a Maddie's Shelter Medicine Internship in the Animal Care and Protective Services Division. The grant does not require a match and the grant period is for one year duration to begin March 1, 2019.</p>
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**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 agreement is attached. OGC has approved the agreement, but Risk Management approval is pending. Per Municipal Code Sec. 462.1401, the Chief of ACPS, or designee is authorized to accept grant funding on behalf of the City of Jacksonville. The execution of this agreement will occur as soon as Risk Management approves 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, Animal Care and Protective Services Division agrees to submit full and complete reports to Maddie's Fund, which describe how the Grant Funds have been spent. The first report will cover the period that runs from the date ACPS first receives any Grant funds through February 28, 2020, and will be submitted to Maddie's Fund by April 15, 2020 or within 45 days after all Grant Funds have been expended, whichever is sooner. The second report will cover the period March 1, 2020 through July 31, 2020, and will be submitted to Maddie's Fund by September 15, 2020, or within 45 days after the Grant Funds have been expended, whichever is sooner.

Division Chief: S. Burkler  
(signature)

Date: 2/26/2019

Prepared By: D. [Signature]  
(signature)

Date: 2/26/2019

**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](mailto:stephanieb@coj.net)

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

(Name, Job Title, Department)

Phone: 255-7033

E-mail: [Dcody@coj.net](mailto: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](mailto:Dcody@coj.net)

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

Phone: 904-630-1825

E-mail: [jelsbury@coj.net](mailto: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](mailto: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](mailto: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**