## **LEGISLATIVE FACT SHEET**

DATE:	03/27/19	BT or RC No:	
		(Administration & City Council Bills	s)
SPONSOR:	Kids Hope Alliance		
	(I	Department/Division/Agency/Council Member)	
Contact for all inc	quiries and presentations	Joseph Peppers	
Provide Name:		Joseph Peppers	
Contact	Number:	(904) 255-4401	
Email A	ddress:	peppersj@coj.net	
(Minimum of 350 w The purpose of this le 2018-504-E from "Su lines on Schedule M, summer camp and af two other special nee League at Palm Aven agencies providing the The Kids Hope Alliand Commission procured being continued for ar Children's Commissio to be listed on Schedu programs out separate	vords - Maximum of 1 page egislation is to change the line mmer Learning Program RFP page 2, for three agencies to terschool program will be provide afterschool programs will be ue. In addition, this legislation ese programs. See attached the ordinance requires that all page at the summer camp and afterschomother year. However, there we not that were not awarded throughed Mas direct funded programely.	items appropriated on Schedule M, page 2 of the b and "Afterschool Program RFP" lines to create directly provide one summer camp program and three after at Schools for Alfred I. DuPor be provided by Hope Haven at Alden Road and the Foreign street and provides the authority for the CFO to enter into our	r legislation.  Judget ordinance ect funding amount rschool programs. A nt Middle School and Police Athletic ntracts with the  cksonville Children's use programs are the Jacksonville ograms are required to list those

List the source <u>name</u> and pr	ovide Object and Subobject Numbers for each	category listed below:
(Name of Fund as it will appear in	title of legislation) Kids Hope Alliance	
Name of Federal Funding Source(s)	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
runding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:
Explain: Where are the funds comithe funding for a specific time frame 122 & 106 regarding funding of anti (Minimum of 350 words - Maximum of	ROPRIATION / FINANCIAL IMPACT / OTHER ng from, going to, how will the funds be used? Does the Point will there be an ongoing maintenance? and staffir cipated post-construction operation costs.	e funding require a match? Is ng obligation? Per Chapters
realigning Schedule M.	ne funds were already appropriated via budget ordinance	e 2018-504-E. This legislation is

\$0.00 as follows:

APPROPRIATION: Total Amount Appropriated

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

ACTION ITEMS: Yes	No	
Emergency?	х	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.
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?  Contract / Agreement Approval?	x x	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?
Related RC/BT? Waiver of Code? x	X	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.  Waiver required for Chapter 77.111
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	x	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?		х	Explanation: How will the funds be used? Does the f Is the funding for a specific time frame and/or multi-ye year of grant? Are there long-term implications for the	ear? If m	ulti-year, note
				8	
Surplus Property  Certification?		x	Attachment: If yes, attach appropriate form(s).		
Reporting Requirements?		x	Explanation: List agencies (including City Council / An and frequency of reports, including when reports are continuous contact name and telephone number) response	lue. Pro	vide Department
			u u		
	1		*		
Division Chief:	lol_	Ry	Menu (signature)	Date:	3/27/2019
V Prepared By: <u>Cynthi</u>	ia Nixon	3.0		Date:	3/27/2019
			(signature)		

## **ADMINISTRATIVE TRANSMITTAL**

	MDHO, C/O HOSelyli Chall, Buc	dget Office, St. James Suite 325
Thru:		
	(Name, Job Title, Department)	
	Phone:	E-mail:
From:	Joseph Peppers, CEO, Kids Hope	
	Initiating Department Representative	(Name, Job Title, Department)
	Phone: (904) 255-4401	E-mail: peppersj@coj.net
Primary	accept toppers, one, thus hope Allai	nce
Contact:	(Name, Job Title, Department)	
	Phone: (904) 255-4401	E-mail: peppersj@coj.net
CC:	Jordan Elsbury, Intergovernme	ental Affairs Liaison, Office of the Mayor
		E-mail: jelsbury@coj.net
COUN	CIL MEMBER / INDEPENDENT	FAGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
		- MALINET / GONOTTOTIONAL OF FICER TRANSMITTAL
To:		ral Counsel, St. James Suite 480
To:	Peggy Sidman, Office of Gene Phone:904-630-4647	ral Counsel, St. James Suite 480 E-mail:psidman@coj.net
To: From:		
		E-mail: psidman@coj.net
	Phone: 904-630-4647	E-mail:psidman@coj.net
From: Primary	Phone:904-630-4647_  Initiating Council Member / Independent	E-mail:psidman@coj.net ent Agency / Constitutional Officer E-mail:
From: Primary	Phone:904-630-4647_  Initiating Council Member / Independent	E-mail:psidman@coj.net
From: Primary	Phone: 904-630-4647  Initiating Council Member / Independence Phone:	E-mail:psidman@coj.net ent Agency / Constitutional Officer E-mail:
From: Primary Contact:	Phone: 904-630-4647  Initiating Council Member / Independence Phone: (Name, Job Title, Department)  Phone:	E-mail:psidman@coj.net  ent Agency / Constitutional Officer  E-mail:
From: Primary	Phone: 904-630-4647  Initiating Council Member / Independence Phone: (Name, Job Title, Department) Phone: Jordan Elsbury, Intergovernment	E-mail:psidman@coj.net  ent Agency / Constitutional Officer  E-mail:
From: Primary Contact:	Phone:904-630-4647  Initiating Council Member / Independent Phone:  (Name, Job Title, Department) Phone:  Jordan Elsbury, Intergovernment	E-mail:psidman@coj.net  ent Agency / Constitutional Officer  E-mail:
From: Primary Contact: CC:	Phone:904-630-4647  Initiating Council Member / Independence Phone:  (Name, Job Title, Department) Phone:  Jordan Elsbury, Intergovernment Phone:904-630-1825	E-mail:
From: Primary Contact: CC:	Phone:904-630-4647  Initiating Council Member / Independence Phone:  (Name, Job Title, Department) Phone:  Jordan Elsbury, Intergovernment Phone:904-630-1825  on from Independent Agencies recommendations.	E-mail:psidman@coj.net  ent Agency / Constitutional Officer  E-mail:
From: Primary Contact: CC: Legislatic	Phone:904-630-4647  Initiating Council Member / Independent Phone:  (Name, Job Title, Department) Phone:  Jordan Elsbury, Intergovernment Phone:904-630-1825  on from Independent Agencies rug the legislation.	E-mail:psidman@coj.net  ent Agency / Constitutional Officer  E-mail:
From: Primary Contact: CC: Legislatic approving	Phone:904-630-4647  Initiating Council Member / Independence Phone:  (Name, Job Title, Department) Phone:  Jordan Elsbury, Intergovernment Phone:904-630-1825  on from Independent Agencies recommendations.	E-mail:

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED