

LEGISLATIVE FACT SHEET 2013-0556

DATE: 07/16/13

BT or RC No: 13-084
(Administration Bills)

SPONSOR: Jacksonville Children's Commission
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

To appropriate additional federal pass-through revenue received from The Ounce of Prevention Fund of Florida. This represents an increase to the core contract of \$44,200 and \$79,929.69 in non-recurring funds for the High Risk Enhancement. The original award was approved with Ordinance 2012-433-E (Schedule M) and appropriated with TD13-277.

APPROPRIATION: Total Amount Appropriated: \$124,129.69 as follows:

(Name of Fund as it will appear in title of legislation) JCC Special Revenue Grant Fund - Healthy Families Jacksonville

Name of Federal Funding Source: Department of Health & Human Services Amount: \$124,129.69

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: _____ Amount: _____

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANICIAL / OTHER:

The \$44,200 increase in the core contract will be passed along to our partner agencies to provide additional funding for qualified workers serving at-risk families. The \$79,929.69 for the High Risk Enhancement is to employ a licensed clinical therapist to provide in-home counseling for Healthy Families participants experiencing domestic violence, substance abuse and mental health issues.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: _____
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: <u>2012-433-E</u>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

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

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Cynthia Nixon, Acting Executive Director, Jacksonville Children's Commission

(Name, Job Title, Department)

Phone: 630 - 3652

E-mail: cnixon@coj.net

Contact Cynthia Nixon, Acting Executive Director, Jacksonville Children's Commission

Person: (Name, Job Title, Department)

Phone: 630 - 3652

E-mail: cnixon@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

Contact _____

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED