LEGISLATIVE FACT SHEET

DATE:		05/01/19	BT or RC No:
	Ti .		(Administration & City Council Bills)
SPONS	OR:	Kids Hope Alliance	
		(1	(Department/Division/Agency/Council Member)
Contact	for all inc	quiries and presentations	Mary Tobin
Provide	Name:		Mary Tobin, Acting CEO, Kids Hope Alliance
	Contact	Number:	(904) 255-4403
	Email A	ddress:	MTobin@coj.net
Research w (Minimus The Kids I 111.850 P	will complete to om of 350 w Hope Alliand Part B. This o	this form for Council introduced le vords - Maximum of 1 page ce is requesting to submit legi requested legislation has bee	necessary? Provide; Who, What, When, Where, How and the Impact.) Council eqislation and the Administration is responsible for all other legislation. e.) gislation to make changes to the Youth Travel Trust Fund Ordinance, Sec. en approved by the Kids Hope Alliance Board of Directors on March 20, ined version of Sec. 111.850 Part B and attached to this memo for
review, wil opportunit simply rev	ill align the Y ty and fundir vising Sectio	Youth Travel Trust Fund with t ng for all of Duval County's at on 111.850 Part B.	the core values of the Kids Hope Alliance by increasing access to this t-hope youth. This legislation is not appropriating additional dollars. It is
 Adding la Hope Allia 	anguage tha ance fund ba	alance.	funds to the next fiscal year. Currently, un-used funds lapse into the Kids
 Changing Currently, 	g Sec.111.8 organizatio	350 Part B (e)(1) to allow orgn ns must be a not for porift org	nizations that are unincorporated to be eligabel to apply for funding. ganization to apply. st have been in existence for one year.
 Revising expenses.) Sec.111.85 . Currently, t	50 Part B (f) (1), which allows the fund only awards up to 25	the Youth Travel Trust Fund to award up to 50% of the total travel 5% of the total travel expenses.
and/or give	es children ı	50 Part B (f)(5), to allow travel unique experiences. Currently tanding performance or achie	I that is in connection with an invitation or travel that is educational y, the travel must be in connection with an invitation recognizing and everyent.
 Revising 	Sec.111.85	50 Part B (h), to allow the Kids	s Hope Alliance Board of Directors to advance up to 50% of the grant ds Hope Alliance Board of Directors may only advance up to 25% of the

List the source name and nr		\$0.00 as follows: lumbers for each category listed below:
	title of legislation) Kids Hope Alliand	~ ~
Traine or raine do it will appear in	The or registation) Inde Hope Alliant	.0
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
g (-),	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
rame of in-family contribution(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:
Explain: Where are the funds comi he funding for a specific time frame 122 & 106 regarding funding of anti Minimum of 350 words - Maximum of	 Will there be an ongoing mainten cipated post-construction operation 1 page.) 	be used? Does the funding require a match? Is nance? and staffing obligation? Per Chapters
only making language changes to S Directors on march 20, 2019.	ection 111.850 Part B as requested	/approved by the Kids Hope Alliance Boar of
		*

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			Explanation: If you explanation must include detailed nature of months
Mandate?		x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?		×	Note: If yes, note must include explanation of all-year subfund carryover language.
_			
CIP Amendment?		x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?		х	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?		х	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
22			
Code Exception?		X a	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.

Continuation of Continuation o	Explanation: How will the funds be used? Does the funding require a mat ls the funding for a specific time frame and/or multi-year? If multi-year, no year of grant? Are there long-term implications for the General Fund?	tch? ote
Surplus Property Certification?	Attachment: If yes, attach appropriate form(s).	
Reporting x	Explanation: List agencies (including City Council / Auditor) to receive rep and frequency of reports, including when reports are due. Provide Departi (include contact name and telephone number) responsible for generating	orts ment
	quindiade contact name and telephone number) responsible for generating	
Division Chief:	Date:	9
Prepared By: Adam Miller	Date: 5/1/2019	9
	(signature)	

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Bu	dget Office, St. James Suite 325						
Thru:								
	(Name, Job Title, Department)							
	Phone:	E-mail:						
From:	Mary Tobin, Acting CEO, Kids H	ope Alliance						
	Initiating Department Representative	e (Name, Job Title, Department)						
	Phone: (904) 255-4403	E-mail: MTobin@coj.net						
Primary	Mary Tobin, Acting CEO, Kids Hope Alliance							
Contact:	(Name, Job Title, Department)							
	Phone: (904) 255-4403	E-mail: MTobin@coj.net						
CC:	Jordan Elsbury, Intergovernm	ental Affairs Liaison, Office of the Mayor						
	Phone: 904-630-1825	E-mail:jelsbury@coj.net						
COUN	<u>CIL MEMBER / INDEPENDEN</u>	IT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL						
То:	Daggy Sidmon Office of Con	aral Caumaal St. Jamaa Suita 400						
10.	Phone: 904-630-4647	eral Counsel, St. James Suite 480 E-mail: psidman@coj.net						
From:		N N						
	Initiating Council Member / Independ	dent Agency / Constitutional Officer						
	Phone:	E-mail:						
Primary								
•	(Name, Job Title, Department)							
	Phone:	E-mail:						
CC:	•	ental Affairs Liaison, Office of the Mayor						
00.	oordan Elobary, intorgovoriin	ontai / titalio Elalooti, Office of the Mayor						
	Phone: 904-630-1825	F-mail: jelshury@coi net						
	Phone: 904-630-1825	E-mail: jelsbury@coj.net						
	Phone: 904-630-1825	E-mail: jelsbury@coj.net						
	on from Independent Agencies	E-mail: jelsbury@coj.net requires a resolution from the Independent Agency Board						
approving	×1	requires a resolution from the Independent Agency Board						
approving Independ	on from Independent Agencies g the legislation.	requires a resolution from the Independent Agency Board S No Attachment: If yes, attach appropriate documentation. If no.						

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED