

## LEGISLATIVE FACT SHEET

DATE: 05/27/25

BT or RC No: \_\_\_\_\_  
(Administration & City Council Bills)

SPONSOR: Kids Hope Alliance  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Dr. Saralyn Grass

Provide Name: Dr. Saralyn Grass

Contact Number: 904-255-4404

Email Address: sgrass@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.)

KHA is seeking City Council approval to authorize a new five-year lease agreement (7/1/25 – 3/31/30) with Lutheran Services Florida. LSF leases office space within the KHA building located at 1095 A. Philip Randolph Boulevard as well as the Don Brewer childcare facility. The current LSF leases with KHA are set to expire on June 30, 2025. The new lease will include both spaces and align with their contract cycle for the Early Head Start grant, for which they recently won a five-year renewal from the federal government. The initial lease agreement will go through June 30, 2026 and be renewable for an additional four (4) years through April 31, 2030.

APPROPRIATION: Total Amount Appropriated: \$0.00 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: _____	Amount: _____
	To: _____	Amount: _____
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.)

The lease is for \$0.00 so there is no fiscal impact.

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

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div>A one-cycle emergency is requested as the current leases expire on June 30, 2025.</div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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? <div></div>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. <div></div>

**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? <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s). <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 reports. <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>

**BUSINESS IMPACT ESTIMATE**

Pursuant to Section 166.041(4), F.S., the City is required to prepare a Business Impact Estimate for ordinances that are NOT exempt from this requirement.

A list of ordinance exemptions are provided below. Please check all exemption boxes that apply to this ordinance. If an exemption is applicable, a Business Impact Estimate IS NOT required.

- ☐ The proposed ordinance is required for compliance with Federal or State law or regulation;
- ☐ The proposed ordinance relates to the issuance or refinancing of debt;
- ☐ The proposed ordinance relates to the adoption of budgets or budget amendments, including revenue sources necessary to fund the budget;
- ☒ The proposed ordinance is required to implement a contract or an agreement, including, but not limited to, any Federal, State, local, or private grant or other financial assistance accepted by the municipal government;
- ☒ The proposed ordinance is an emergency ordinance;
- ☐ The ordinance relates to procurement;
- ☐ The proposed ordinance is enacted to implement any of the following:
  - a. Part II of Chapter 163, Florida Statutes, relating to growth policy, county and municipal planning, and land development regulation, including zoning, development orders, development agreements and development permits;
  - b. Sections 190.005 and 190.046, Florida Statutes, regarding community development districts;
  - c. Section 553.73, Florida Statutes, relating to the Florida Building Code;
  - d. Section 633.202, Florida Statutes, relating to the Florida Fire Prevention Code.

If none of the boxes above are checked, then a Business Impact Estimate **IS REQUIRED** to be prepared by the using agency/office/department and submitted in the MBRC filing packet along with the memorandum request, legislative fact sheet, etc. A Business Impact Estimate form can be found at:

<https://www.coi.net/departments/finance/budget/mayor-s-budget-review-committee>

Division Chief:

  
(signature)

Date: 5/27/2025

Prepared By:

  
(signature)

Date: 5/27/2025

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5000

E-mail: BNorris@coi.net

From: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5000

E-mail: BNorris@coi.net

Primary  
Contact

Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5000

E-mail: BNorris@coi.net

CC:

Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5000

E-mail: BNorris@coi.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480  
Phone: 904-255-5062 E-mail: mstaff@coi.net

From: \_\_\_\_\_  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Contact \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5000 E-mail: BNorris@coi.net

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

Independent Agency Action Item:

Boards Action / Resolution? Yes ☒ No ☐

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

Approved by KHA Board on May 28, 2025.

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**



Department of Health and Human Services  
Administration for Children and Families

Notice of Award

Award# 04HP000656-01-00

FAIN# 04HP000656

Federal Award Date: 03/13/2025

**Recipient Information**

1. **Recipient Name**  
LUTHIRAN SERVICES FLORIDA INC  
3627A W Waters Ave  
Tampa, FL 33614-2783  
(904) 328-1823
2. **Congressional District of Recipient**  
14
3. **Payment System Identifier (ID)**  
1592198911A1
4. **Employer Identification Number (EIN)**  
592198911
5. **Data Universal Numbering System (DUNS)**  
39676936
6. **Recipient's Unique Entity Identifier (UEI)**  
Y8ABCWTFM4Y4
7. **Project Director or Principal Investigator**  
Capt Robert Bialas  
Executive Vice President  
bob.bialas@lsfnet.org  
(813) 676-9474
8. **Authorized Official**  
Ms Susan Scroggins  
Chairman of the Board  
susanscroggins1@gmail.com  
(219) 743-3061

**Federal Agency Information**  
ACF/OHS Region IV Grants Office

**9. Awarding Agency Contact Information**

Ms Heather Colwell  
Grants Management Officer  
heather.colwell@acf.hhs.gov  
214-767-8850

**10. Program Official Contact Information**

Ms Erika R. Lundy  
Regional Program Manager  
erika.lundy@acf.hhs.gov  
404-562-2770

**Federal Award Information**

11. **Award Number**  
04HP000656 01 00
12. **Unique Federal Award Identification Number (FAIN)**  
04HP000656
13. **Statutory Authority**  
42 USC 9801 E1 S1 Q
14. **Federal Award Project Title**  
Early Head Start Child Care Partnership
15. **Assistance Listing Number**  
93.600
16. **Assistance Listing Program Title**  
Head Start
17. **Award Action Type**  
New
18. **Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

19. **Budget Period Start Date** 04/01/2025 - **End Date** 03/31/2026
20. **Total Amount of Federal Funds Obligated by this Action** \$960,649.00
  - 20a. **Direct Cost Amount** \$902,278.00
  - 20b. **Indirect Cost Amount** \$58,371.00
21. **Authorized Carryover** \$0.00
22. **Offset** \$0.00
23. **Total Amount of Federal Funds Obligated this budget period** \$0.00
24. **Total Approved Cost Sharing or Matching, where applicable** \$240,162.00
25. **Total Federal and Non-Federal Approved this Budget Period** \$1,200,811.00
26. **Period of Performance Start Date** 04/01/2025 - **End Date** 03/31/2026
27. **Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance** \$1,200,811.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms Heather Colwell  
Grants Management Officer

**30. Remarks**

Kids Hope Alliance – Lutheran Services of Florida – Main Building Lease Layout

