

## **AGENCY NAME & PROGRAM**

### **FY 2023-2024 City Grant Proposal Term Sheet**

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**Grant Recipient:** United Way of Northeast Florida\_\_\_\_\_ (“Recipient”)

**Program Name:** 988\_\_\_\_\_ (the “Program”)

**City Funding Requests:** \$200,000

**Contract/Grant Term:** October 1, 2023 – June 30, 2025

**Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.**

#### **PROGRAM OVERVIEW:**

In the United States, 1 in 5 children and adults suffer with mental illness. As we educate the community and promote this call-in number, the number of calls to the United Way of Northeast Florida is expected to increase substantially. With 988’s current staffing 12 crisis specialists, an increase in calls to 988 will result in an increased percentage of calls going to the national call center instead of being handled locally. The local crisis managers have seen a 98.7% success rate at de-escalating callers and preventing emergency room utilization, calls being transferred to 911, and callers being Baker Acted while setting-up appropriate follow up through a collaboration of mental health resources, locally; such as Child Guidance Center, National Alliance on Mental Illness (NAMI), Gateway, Here Tomorrow, Mental Health Resource Center, Northwest Behavioral Health, Angel Kids Pediatric Foundation, etc. United Way of Northeast Florida currently answers from 600 to 800 mental health crisis calls from Duval County per month -- a 75% increase in crisis calls over the last year. At present, 988 operators can answer 82% of all local crisis calls placed in the Northeast Florida area. The other 18% are answered by the national call center who are unfortunately less effective in avoiding Baker Act or 911 responses. The funds provided by this grant will enable United Way to hire an additional two crisis specialists and one team lead to respond to the increase in local calls and reduce the number of crisis calls directed to the national call center.

#### **PROGRAM SCOPE OF WORK AND DELIVERABLES:**

Promote 988 as the number to call to address emotional crises, suicide ideation and support family members in addressing mental health needs.

Hire and train two additional crisis specialists and one crisis team lead to answer the 988 line.

Ensure the telephony system to answer calls and database to document calls is operational and backups are in place in case of emergencies.

Answer calls within 60 seconds (currently answering calls within 30 seconds).

Ensure all crisis specialists are certified through the American Association of Suicidology.

Ensure database of services is accurate.

Provide effective supervision for call center to ensure high quality of service is provided.

Maintain and ensure United Way of Northeast Florida is following the national suicide policies developed by Substance Abuse and Mental Health Services and Vibrant Emotional Health.

**PROGRAM COSTS/PAYMENT TERMS:**

Budget attached.

**PROGRAM IMPACT & REPORTING:** Provide a description of: (i) how the Program goals and objectives described above will be attained and how they will be measured; (ii) the Program's achievements during the year immediately preceding this funding request, if applicable; (iii) the anticipated number of residents to be served by the Program and the projected Program impact on those residents.

Maintain local answer rate of 85% - monthly reports from Vibrant Emotional Health  
Suicide and safety plans completed for 100% callers – documented in database

Average speed of answer 60 seconds – monthly reports from Vibrant Emotional Health

**Additional Grant Requirements and Restrictions:** Recipient expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

\*Please keep application to a maximum of three pages not including the required budget forms

Lead Agency: United Way of Northeast Florida

FY 2024 City Grant - Complete Program Budget Detail  
EXHIBIT A

Program Name: 988

Agency Fiscal Year: July - June

## BUDGET

Categories and Line Items	Prior Year Prg Funding FY 2021-2022	Current Year Prg Budget FY 2022-2023	Total Est. Cost of Program FY 2023-2024	Funding Partners				
				Agency Provided Funding	All Other Program Revenues	City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
<b>I. Employee Compensation</b>								
<b>Personnel - 01201 (list Job Title or Positions no names)</b>								
	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Crisis Specialist (New)	\$0.00	\$44,720.00	\$59,611.30	\$0.00	\$0.00	\$59,611.30	\$0.00	\$0.00
Crisis Specialist (New)	\$0.00	\$44,720.00	\$49,989.25	\$0.00	\$0.00	\$49,989.25	\$0.00	\$0.00
Crisis Specialist Team Lead (New)	\$0.00	\$52,000.00	\$58,930.77	\$0.00	\$0.00	\$58,930.77	\$0.00	\$0.00
988 Director (current)	\$0.00	\$88,000.00	\$88,000.00	\$0.00	\$0.00	\$0.00	\$88,000.00	\$0.00
Crisis Center Specialists (current 12 FTE)	\$0.00	\$536,640.00	\$536,640.00	\$0.00	\$0.00	\$0.00	\$536,640.00	\$0.00
7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Employee Compensation</b>	<b>\$0.00</b>	<b>\$766,080.00</b>	<b>\$793,171.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$168,531.32</b>	<b>\$624,640.00</b>	<b>\$0.00</b>
<b>Fringe Benefits</b>								
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$58,605.12	\$60,677.61	\$0.00	\$0.00	\$12,022.04	\$47,784.96	\$0.00
Health Insurance - 02304	\$0.00	\$230,400.00	\$144,506.80	\$0.00	\$0.00	\$14,906.80	\$129,600.00	\$0.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Taxes and Benefits</b>	<b>\$0.00</b>	<b>\$289,005.12</b>	<b>\$205,184.41</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$26,928.84</b>	<b>\$177,384.96</b>	<b>\$0.00</b>
<b>Total Employee Compensation</b>	<b>\$0.00</b>	<b>\$1,055,085.12</b>	<b>\$998,355.73</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$195,460.16</b>	<b>\$802,024.96</b>	<b>\$0.00</b>
<b>II. Operating Expenses</b>								
<b>Occupancy Expenses</b>								
Rent - Occupancy - 04408	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone - 04181	\$0.00	\$0.00	\$92,500.00	\$87,960.16	\$0.00	\$4,539.84	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Office Expenses</b>								
Office and Other Supplies - 05101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Postage - 04101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Travel Expenses</b>								
Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Equipment Expenses</b>								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Direct Client Expenses - 08301</b>								
Client Rent	\$0.00	\$0.00	\$750,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities	\$0.00	\$0.00	\$200,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Educational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Personal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,042,500.00</b>	<b>\$87,960.16</b>	<b>\$0.00</b>	<b>\$4,539.84</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>III. Operating Capital Outlay (OVER \$1,000)</b>								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Capital Outlay</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Direct Expenses Total</b>	<b>\$0.00</b>	<b>\$1,055,085.12</b>	<b>\$2,040,855.73</b>	<b>\$87,960.16</b>	<b>\$0.00</b>	<b>\$200,000.00</b>	<b>\$802,024.96</b>	<b>\$0.00</b>
<b>Percent of Budget</b>	-	-	100.0%	4.3%	0.0%	9.8%	39.3%	0.0%

Last Modified: 05/05/2025

All City Grant items listed must be included in the narrative section of the budget.

Budget Narrative for Selected Items of Cost  
FY 2024 City Grant Application  
Program Budget Narrative (Max. 2 Pages)  
Proposed Funding Period: FY 2023-2024  
COJ Funding Only

Agency: United Way of Northeast Florida

Program Name: Eviction Diversion

**EXPENSES:** Please provide narrative description for all categories listed below for which you are seeking City Funding Only.

We have included those required elements in the spaces below. See instructions when listing personnel expenses.

Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

**Salary & Wages**

Crisis Specialists	Two FTE to increase local answer rate to minimum of 85%
Crisis Team Lead	Team Lead to provide quality assurance, coaching and support to crisis specialists.

**Payroll Taxes & Benefits**

FICA and Medical

**II. Operating Expenses**

**Occupancy Expenses**

Telephone	United Way uses the In Contact telephony system and Service Point database for 988. The request is for COJ to cover \$4,500 of the cost. United Way will fund the remaining \$88,000. Service Point includes a database of more than 115,000 resources to referral
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**Office Expenses**

**Travel Expenses - not related to entertainment expenses**

**Equipment Expenses**

**Direct Client Expenses**

**III. Operating Capital Outlay:**