

# LEGISLATIVE FACT SHEET

DATE: 01/31/23

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

SPONSOR: Parks, Recreation and Community Services  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation Keith Meyerl

Provide Name: Keith Meyerl, Division Chief, Recreation and Community Services

Contact Number: 904-255-7936

Email Address: kmeyerl@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.)

Lutheran Services has been the sole provider of Head Start programming for all of Duval County since 2014 and has the federal contract through 2024. They have identified the neighborhood and area surrounding Victory Park as an area of high need within the established service area for Head Start programs and desires to build a therapeutic early learning center in the park. Victory Park is located in Jacksonville's Arlington neighborhood located at 3781 University Club Boulevard. Total project costs are estimated at \$3,856,151.20 and LFS has committed through federal and state grants to fully fund the project to construct the Victory Park Early Learning Center which, when fully constructed, will house eight Head Start classrooms, with accompanying age-appropriate playgrounds, plus a therapy room, a multi-purpose training and meeting room, indoor STEM exploration space and a clinic. The City is not being asked to contribute any funds for the construction of this facility.

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	From: _____	Amount: _____
	To: _____	Amount: _____

Name of In-Kind Contribution(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name & Number of Bond	From: _____	Amount: _____
-----------------------	-------------	---------------

Account(s):	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.)

All construction and ongoing programming expenses will be the responsibility of Lutheran Services and the Duval County Headstart Program. Once the facility is built, the

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

**ACTION ITEMS:**

Emergency?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

The City of Jacksonville's partner, Lutheran Services Florida, Inc., respectfully requests emergency processing of the legislation authorizing the design, build contract for a Therapeutic Early Learning Center at Victory Park. The expedited processing will enable legislation to be finalized on or before March 1, 2023. Lutheran Services Florida, Inc. has secured full funding of this project and such funding will be withheld if final approval by the Jacksonville City Council and Mayor's office is not secured by that date.

Federal or State Mandate?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	Yes	No
	<input checked="" type="checkbox"/>	<input 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?

Agreement drafted. Parks, Recreation and Community Services will provide oversight, under Recreation and Community Services Division Chief, Keith Meyerl

Related RC/BT?	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	Yes	No
	<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.

Code Exception?	Yes	No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Section 126.202 (Competitive Sealed Bid) of Part 2 (Supplies, Contractual Services and Capital Improvements) of Chapter 126 to allow entering agreement with provider of Federal program without the necessity of a

Related Enacted Ordinances?

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?	<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?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

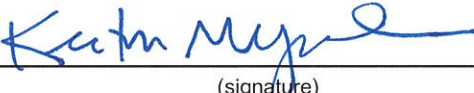
Attachment: If yes, attach appropriate form(s).

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 Annual Report to be received by Chief of Recreation and Community Services annually.

Annual Report to be received by Chief of Recreation and Community Services annually.

Division Chief:   
(signature)

Date: 1/31/2023

Prepared By:   
(signature)

Date: 1/31/2023

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Daryl Joseph, Director, Parks, Recreation and Community Services Department  
(Name, Job Title, Department)

Phone: 255-7903 E-mail: DJoseph@coj.net

From: Keith Meyerl, Chief, Recreation and Community Services  
Initiating Department Representative (Name, Job Title, Department)

Phone: 255-7936 E-mail: kmeyerl@coj.net

Primary Contact: Daryl Joseph, Director, Parks, Recreation and Community Services Department  
(Name, Job Title, Department)

Phone: 255-7903 E-mail: DJoseph@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5006 E-mail: rachelz@coj.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@coj.net

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

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

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 904-255-5006 E-mail: rachelz@coj.net

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

Independent Agency Action Item:    **Yes**    **No**  
Boards Action / Resolution?            Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

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



Recipient Information	Federal Award Information																																																							
<p><b>1. Recipient Name</b> LUTHERAN SERVICES FLORIDA, INC 3027 San Diego Rd Children's Home Society -Ellis Building Jacksonville, FL 32207-3691 (904) 328-1823</p> <p><b>2. Congressional District of Recipient</b> 05</p> <p><b>3. Payment System Identifier (ID)</b> 1592198911A1</p> <p><b>4. Employer Identification Number (EIN)</b> 592198911</p> <p><b>5. Data Universal Numbering System (DUNS)</b> 139676936</p> <p><b>6. Recipient's Unique Entity Identifier (UEI)</b> Y8ABCW1EM4Y5</p> <p><b>7. Project Director or Principal Investigator</b>  Capt Robert Bialas Executive Vice President bob.bialas@clsinet.org (813) 676-9474</p> <p><b>8. Authorized Official</b>  Mr. Fred Kraegel Chairman of the Board fkraegel@parhamille.com (804) 363-5010</p>	<p><b>11. Award Number</b> 04CH011190-04-03</p> <p><b>12. Unique Federal Award Identification Number (FAIN)</b> 04CH011190</p> <p><b>13. Statutory Authority</b> 42 USC 9801 ET SEQ</p> <p><b>14. Federal Award Project Title</b> Head Start</p> <p><b>15. Assistance Listing Number</b> 93.600</p> <p><b>16. Assistance Listing Program Title</b> Head Start</p> <p><b>17. Award Action Type</b> Supplement</p> <p><b>18. Is the Award R&amp;D?</b> No</p>																																																							
<p><b>Federal Agency Information</b> ACF/OHS Region IV Grants Office</p> <p><b>9. Awarding Agency Contact Information</b> Mr. Samuel Dupervil Grants Management Officer samuel.dupervil@acf.hhs.gov 404-562-2819</p> <p><b>10. Program Official Contact Information</b> Ms. Heather L Wanderski Program Operations Division Director heather.wanderski@acf.hhs.gov 202-205-5923</p>	<p style="text-align: center;"><b>Summary Federal Award Financial Information</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><b>19. Budget Period Start Date</b></td> <td>04/01/2022</td> <td>- End Date</td> <td>03/31/2023</td> <td></td> </tr> <tr> <td><b>20. Total Amount of Federal Funds Obligated by this Action</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$249,990.00</td> </tr> <tr> <td>    20a. Direct Cost Amount</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$231,740.00</td> </tr> <tr> <td>    20b. Indirect Cost Amount</td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$18,250.00</td> </tr> <tr> <td><b>21. Authorized Carryover</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>22. Offset</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>23. Total Amount of Federal Funds Obligated this budget period</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$12,876,953.00</td> </tr> <tr> <td><b>24. Total Approved Cost Sharing or Matching, where applicable</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$3,131,715.00</td> </tr> <tr> <td><b>25. Total Federal and Non-Federal Approved this Budget Period</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$16,258,658.00</td> </tr> <tr> <td><b>26. Period of Performance Start Date</b></td> <td>08/01/2019</td> <td>- End Date</td> <td>07/31/2024</td> <td></td> </tr> <tr> <td><b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$57,881,152.00</td> </tr> </table> <p><b>28. Authorized Treatment of Program Income</b> ADDITIONAL COSTS</p> <p><b>29. Grants Management Officer – Signature</b> Mr. Samuel Dupervil Grants Management Officer</p>	<b>19. Budget Period Start Date</b>	04/01/2022	- End Date	03/31/2023		<b>20. Total Amount of Federal Funds Obligated by this Action</b>				\$249,990.00	20a. Direct Cost Amount				\$231,740.00	20b. Indirect Cost Amount				\$18,250.00	<b>21. Authorized Carryover</b>				\$0.00	<b>22. Offset</b>				\$0.00	<b>23. Total Amount of Federal Funds Obligated this budget period</b>				\$12,876,953.00	<b>24. Total Approved Cost Sharing or Matching, where applicable</b>				\$3,131,715.00	<b>25. Total Federal and Non-Federal Approved this Budget Period</b>				\$16,258,658.00	<b>26. Period of Performance Start Date</b>	08/01/2019	- End Date	07/31/2024		<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>				\$57,881,152.00
<b>19. Budget Period Start Date</b>	04/01/2022	- End Date	03/31/2023																																																					
<b>20. Total Amount of Federal Funds Obligated by this Action</b>				\$249,990.00																																																				
20a. Direct Cost Amount				\$231,740.00																																																				
20b. Indirect Cost Amount				\$18,250.00																																																				
<b>21. Authorized Carryover</b>				\$0.00																																																				
<b>22. Offset</b>				\$0.00																																																				
<b>23. Total Amount of Federal Funds Obligated this budget period</b>				\$12,876,953.00																																																				
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>				\$3,131,715.00																																																				
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>				\$16,258,658.00																																																				
<b>26. Period of Performance Start Date</b>	08/01/2019	- End Date	07/31/2024																																																					
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>				\$57,881,152.00																																																				
<p><b>30. Remarks</b></p>																																																								

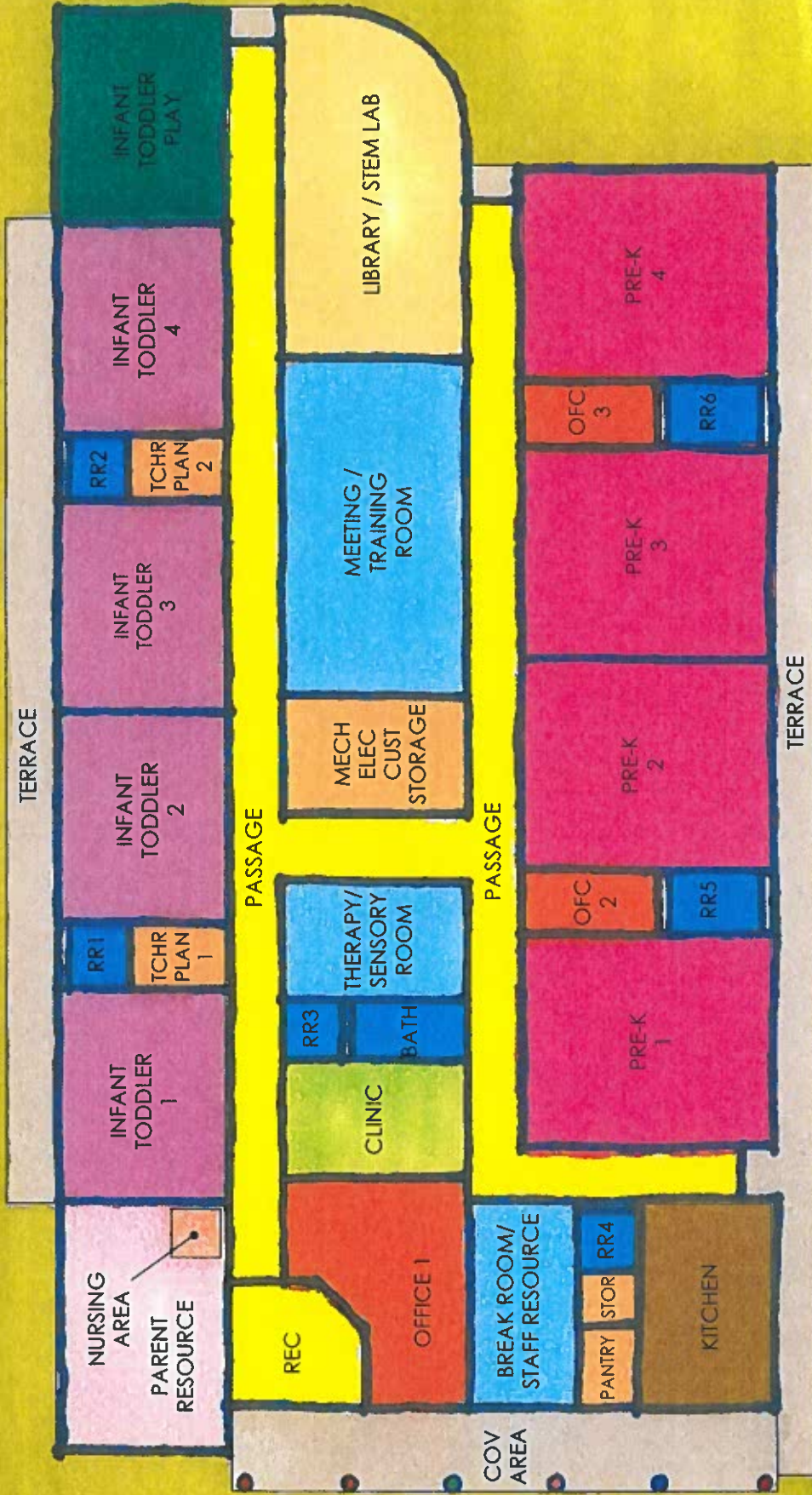


Recipient Information
<b>Recipient Name</b> LUTHERAN SERVICES FLORIDA, INC. 3027 San Diego Rd Children's Home Society -Ellis Building Jacksonville, FL 32207-3691 (904) 328-1823
<b>Congressional District of Recipient</b> 05
<b>Payment Account Number and Type</b> 1592198911A1
<b>Employer Identification Number (EIN) Data</b> 592198911
<b>Universal Numbering System (DUNS)</b> 139676936
<b>Recipient's Unique Entity Identifier (UEI)</b> Y8ABCWTEM4Y5
<b>31. Assistance Type</b> Project Grant
<b>32. Type of Award</b> Service

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$5,876,584.00
b. Fringe Benefits	\$1,814,416.00
c. Total Personnel Costs	\$7,691,000.00
d. Equipment	\$23,164.00
e. Supplies	\$201,011.00
f. Travel	\$134,067.00
g. Construction	\$0.00
h. Other	\$1,334,096.00
i. Contractual	\$2,907,888.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$12,291,226.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$835,717.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$13,126,943.00</b>
<b>m. Federal Share</b>	<b>\$13,126,943.00</b>
<b>n. Non-Federal Share</b>	<b>\$3,131,715.00</b>

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-G044122	04CH01119004	ACF-OIS	41.51	93.600	\$249,990.00	75-22-1536

INFANT / TODDLER PLAYGROUND



PRE-K PLAYGROUND

CONCEPT SKETCH NO. 3  
 NOT TO SCALE  
 30 DECEMBER 2021



**LUTHERAN SERVICES OF FLORIDA  
 EARLY LEARNING CENTER**  
 ARLINGTON - VICTORY PARK

