

## LEGISLATIVE FACT SHEET

DATE: 09/17/20

BT or RC No: BT21-009  
(Administration & City Council Bills)

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

Contact for all inquiries and presentations \_\_\_\_\_

Provide Name: Willie Evans

Contact Number: 904-255-3328

Email Address: wevans@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.)

The primary purpose of the Transitional Housing Assistance Program is to provide aid to victims of domestic violence, dating violence, sexual assault, and stalking who are homeless, or in need of transitional housing as a result of their victimization. The program supports holistic, victim-centered approaches to providing housing and supported services to individuals and families. The City of Jacksonville will collaborate with its partners Changing Homelessness and Hubbard House along side other providers to ensure that those who have been victimized through domestic violence, human trafficking, sexual assault or other types of victimization that has created homelessness to individuals or families, receive services that helps them to obtain and remain in permanent housing.

APPROPRIATION: Total Amount Appropriated: \$450,000.00 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: US Department of Justice	Amount: \$450,000.00
	To: City of Jacksonville	Amount: \$450,000.00

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.)

Appropriate grant funding in the amount of \$450,000 for the Jacksonville Transitional Housing Program awarded by the U.S. Department of Justice, Office on Violence Against Women. This collaborative grant between City of Jacksonville, Hubbard House, and Changing Homelessness is to provide transitional housing and supportive services to victims of domestic violence, dating violence, sexual assault, and human trafficking who are homeless as a result of their victimization. The grant is awarded from October 1, 2020 through September 30, 2023. There is no match required and no staffing obligation.

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

**ACTION ITEMS:**

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

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

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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?

Legal Request in process

Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 style="border: 1px solid black; height: 30px;"></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 style="border: 1px solid black; height: 30px;"></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 style="border: 1px solid black; height: 30px;"></div>

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

<b>ACTION ITEMS:</b>	<b>Yes</b>	<b>No</b>	
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; padding: 5px;">Funds will be provided by the US Department of Justice Office to provide assistance with transitional housing and supportive resources. Funds will be used to pay Hubbard House and Changing Homelessness staff salaries and benefits, supplies, and training. No match is required. The grant is approved for three years, October 1, 2020 through September 30, 2023.</div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).
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
			<div style="border: 1px solid black; height: 80px;"></div>

Division Chief:   
 (signature)

Prepared By:   
 (signature)

Date: 9/17/2020

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**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Johnnetta Moore, Chief of Social Services  
 (Name, Job Title, Department)  
 Phone: 255-3322 E-mail: JMoore@coj.net

From: Beshara Price, Accountant Senior, Social Services  
 Initiating Department Representative (Name, Job Title, Department)  
 Phone: 255-3323 E-mail: BPrice@coj.net

Primary Contact: Willie Evans, Human Services Planner III  
 (Name, Job Title, Department)  
 Phone: 255-3328 E-mail: WEvans@coj.net

CC: Palmer Kuder, Intergovernmental Affairs Coordinator, Office of the Mayor  
 Phone: 255-5024 E-mail: Palmerk@coj.net

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

To: Peggy Sidman, Office of General Counsel, St. James Suite 480  
 Phone: 904-255-5055 E-mail: psidman@coj.net

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

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

CC: Palmer Kuder, Intergovernmental Affairs Coordinator, Office of the Mayor  
 Phone: 904-255-5024 E-mail: Palmerk@coj.net

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**