

LEGISLATIVE FACT SHEET

DATE: 03/23/22

BT or RC No: BT22-069
(Administration & City Council Bills)

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

Contact for all inquiries and presentation: Chief, Senior Services Division

Provide Name: Gloria Crawford

Contact Number: 904-255-5401

Email Address: gcrawford@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 Emergency Home Energy Assistance Program for the Elderly American Rescue Plan Act (EHEAP ARPA) of 2021 Supplemental Grant serves the mission of the Department by providing home energy assistance aid to elders in the event of a home energy heating or cooling emergency. The primary purpose of the EHEAP ARP Act is to prevent, prepare for, and respond to coronavirus; including assisting low-income households with at least one member aged sixty (60) or older experiencing a heating or cooling emergency. The Parks, Recreation and Community Services Department (PRSC) respectfully requests the approval to accept the Emergency Home Energy Assistance Program for the Elderly American Rescue Act award of \$172,477.00, award date January 1, 2022- September 30, 2022.

APPROPRIATION: Total Amount Appropriated \$172,477.00 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: <u>U.S. Department of Health and Human Services</u>	Amount: <u>\$172,477.00</u>
	To: <u>Elderly Program-Emergency Home Energy Assistance - ARPA 22</u>	Amount: <u>\$172,477.00</u>

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 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.)

Department of Parks, Recreation and Community Services/Senior Services/Emergency Home Energy Assistance Program for the Elderly Program American Rescue Plan Act requests permission to accept funding from the U.S. Department of Health and Human Services through Northeast Florida Area Agency (Eldersource). The award will prevent, prepare for, and respond to coronavirus by providing emergency home energy assistance to low-income households with at least one individual aged sixty (60) or older experiencing a heating or cooling emergency.

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

ACTION ITEMS:

Emergency? Yes No

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

Program needs to exhaust grant funds by end of grant period, September 30, 2022.

Federal or State Mandate? Yes No

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

Fiscal Year Carryover? Yes No

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

CIP Amendment? Yes No

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

Contract / Agreement Approval? Yes No

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?

Parks, Recreation and Community Services Department/Senior Services Division/Gloria Crawford. Contract will be reviewed by OGC.

Related RC/BT? Yes No

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

Waiver of Code? Yes No

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

Code Exception? Yes No

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

Related Enacted Ordinances? Yes No

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 generating

Monthly reports will be submitted by Program Manager and monthly payment requests by Grants Supervisor

Division Chief: *Dennis Crawford*
(signature)

Date: _____

Prepared By: *A. Pitts*
(signature)

Date: 3/28/2022

ADMINISTRATIVE TRANSMITTAL

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

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

(Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

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

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

Primary Contact: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

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

Phone: 255-5006

E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 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: Rachel Zimmer , Intergovernmental Affairs Liaison, Office of the Mayor
Phone: 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