

LEGISLATIVE FACT SHEET

BT21-114
RC21-173

DATE: 08/11/21

BT or RC No: RC21-173
(Administration & City Council Bills)

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

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

Provide Name: Gloria D. 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.)

To accept appropriation of grant funding in the amount of \$260,000; for the Duval County Senior Companion Program (DCSCP). This program provides assistance for seniors aged 60 years and older who has one or more physical, emotional, or mental health limitations and needs assistance to achieve and maintain their high level of independent living.

Through the program, the client will receive peer-to-peer social networking opportunities that will foster an emotional bond, creating a wider social support system for the seniors served. The volunteers will visit the seniors 3-4 days a week for a minimum of 4 hours. The three years grant period is July 1, 2021 through June 30, 2024. The revenue will be distributed into various expense subobjects.

APPROPRIATION: Total Amount Appropriated: \$260,000.00 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: <u>AmeriCorps Seniors formerly Corporation for National and Community Service</u>	Amount: <u>\$260,000.00</u>
	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: _____

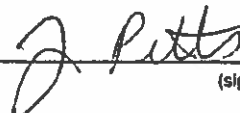
PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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

<p>ACTION ITEMS:</p> <p>Continuation of Grant? <input type="checkbox"/></p> <p>Surplus Property Certification? <input type="checkbox"/></p> <p>Reporting Requirements? <input checked="" type="checkbox"/></p>	<p>Yes</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	<p>No</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>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?</p> <p>Funds will be provided by Americorps Seniors formerly known as Corporation for National and Community Service. Funds will be used for staff salary and benefits, volunteer stipends, meals and mileage; volunteer recognition events, supplies, training and travel. The grant is approved for three years, July 1, 2021- June 30, 2024. City match, \$84,509.00.</p> <p>Attachment: If yes, attach appropriate form(s).</p> <p>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.</p> <p>Annual reports to be completed by Project Director and Grants Supervisor.</p>
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Division Chief: 
(signature)

Date: 8/11/2021

Prepared By: 
(signature)

Date: 8/11/2021

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, 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: Gloria Crawford, Chief, Senior Services Division, PRCS Department
Initiating Department Representative (Name, Job Title, Department)
 Phone: 255-5401 E-mail: gcrawford@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: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
 Phone: 255-5015 E-mail: Leeannk@coj.net

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 Division/Senior Companion Program requests permission to accept funding from the Americorps Seniors formerly known as Corporation for National and Community Service. Senior Companion Program provides assistance for seniors aged 60 years and older who has one or more physical, emotional, or mental health limitations and needs assistance to achieve and maintain their high level of independent living. Through the program, the client will receive peer-to-peer social networking opportunities that will foster an emotional bond, creating a wider social support system for the seniors served. The volunteers will visit the seniors 3-4 days a week for a minimum of 4 hours. Grant period: July 1, 2021- June 30, 2024 .

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

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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 style="border: 1px solid black; height: 20px; margin-top: 5px;"></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 style="border: 1px solid black; height: 20px; margin-top: 5px;"></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 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 / Legal Request in process. <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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 style="border: 1px solid black; height: 20px; margin-top: 5px;"></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: 20px; margin-top: 5px;"></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: 20px; margin-top: 5px;"></div>

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 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: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 904-255-5015 E-mail: Leeannk@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