

## LEGISLATIVE FACT SHEET

DATE: 05/11/20

BT or RC No: BT20-074  
(Administration & City Council Bills)

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

Contact for all inquiries and presentation Johnnetta Moore, Chief

Provide Name: Johnnetta Moore

Contact Number: 255-3322

Email Address: Jmoore@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 City of Jacksonville has been awarded a grant from the U. S. Department of Health, Health Resources & Services Administration in the amount of \$283,392.00 for the purpose of "Responding to COVID-19." This notice of award provides one time funding to support preventing, preparing for, and responding to coronavirus disease 2019 (COVID19), as outlined in the Coronavirus Aid, Relief and Economic Security Act (P.L. 116136). As provided for in Office of Management and Budget Memorandum M2017 Administrative Relief for Recipients and Applicants of Federal Financial Assistance Directly Impacted by the Novel Coronavirus (COVID19), HRSA authorizes the recipient to incur pre-award costs prior to the effective date of a federal award dating back to January 20, 2020.

APPROPRIATION: Total Amount Appropriated \$283,392.00 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: Department of Health and Human Services | Amount: \$283,392.00 |
|                                   | To: City of Jacksonville                      | Amount: \$283,392.00 |

|                                  |       |         |
|----------------------------------|-------|---------|
| Name of State Funding Source(s): | From: | Amount: |
|                                  | To:   | Amount: |

|                                    |       |         |
|------------------------------------|-------|---------|
| Name of City of Jacksonville Fundi | 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.)

Grant funds are provided by the US Department of Health and Human Services to enhance services during the COVID-19 pandemic. This notice of award provides onetime funding to support preventing, preparing for, and responding to coronavirus disease 2019 (COVID19) as needs evolve for clients of Ryan White HIV/AIDS Program (RWHAP) recipients. HRSA authorizes the recipient to incur preaward costs prior to the effective date of a Federal award dating back to January 20, 2020. Grant Budget Year is April 1, 2020 through March 31, 2021. No match is required.

**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.

This is one time emergency funding to address the current COVID-19 Pandemic. It is necessary to provide services and meet the needs of clients in this immediate time of need.

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.

All-years subfund

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?

Social Services Ryan White Program, Sandy Arts - Program Manager

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 type="checkbox"/> | <input checked="" 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 reports.

Division Chief: *John Mone*  
(signature)

Date: 5-13-20

Prepared By: *[Signature]*  
(signature)

Date: 5/13/20

**ADMINISTRATIVE TRANSMITTAL**

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

**Thru:** Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
(Name, Job Title, Department)  
Phone: 255-5013 E-mail: jelsbury@coj.net

**From:** Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 255-5013 E-mail: jelsbury@coj.net

**Primary Contact:** Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
(Name, Job Title, Department)  
Phone: 255-5013 E-mail: jelsbury@coj.net

**CC:** Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 255-5013 E-mail: jelsbury@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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 904-255-5013 E-mail: jelsbury@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**