

## LEGISLATIVE FACT SHEET

DATE: 07/11/22

BT or RC No: BT22-102  
(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](mailto: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 primary purpose of the American Rescue Plan Program are to prevent, prepare for, and respond to coronavirus; including supportive services, nutrition services, preventive health, and support services for family caregivers. Efforts may include COVID-19 vaccination outreach, education, and associated services with helping older adults get vaccinations; and services that address social isolation, including activities for investments in technological equipment The Parks, Recreation and Community Services Department (PRSC) respectfully requests the approval to accept the American Rescue Plan Act award of \$332,229.55, award date September 1, 2021- September 30, 2024, with a city match of \$53,540.44 for a total amount of \$385,769.99.

APPROPRIATION: Total Amount Appropriated \$385,769.99 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.S. Department of Health and Human Services/ Title III-B	Amount:	\$332,229.25
	To: Communiy Service Grant, 3C ARP Act	Amount:	\$332,229.25

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

Name of City of Jacksonville Funding Source(s):	From: COJ Grant Match from General Fund	Amount:	\$53,540.44
	To: Communiy Service Grant, 3C ARP Act	Amount:	\$53,540.44

Name of In-Kind Contribution(s):	From:	Amount:	
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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/Jacksonville Senior Services Program 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 supportive services, nutrition services, preventive health, and support services for family caregivers. Efforts may include COVID-19 vaccination outreach, education, and associated services with helping older adults get vaccinations; and services that address social isolation, including activities for investments in technological equipment.

**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: 30px; width: 100%; 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: 30px; width: 100%; 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: 30px; width: 100%; 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. Will be approved by OGC? <div style="border: 1px solid black; padding: 2px;">                         Parks, Recreation and Community Services Department/Senior Services Division/Gloria Crawford. Contract has been approved by OGC.                     </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: 30px; width: 100%; 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: 30px; width: 100%; 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: 30px; width: 100%; margin-top: 5px;"></div>

**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?	X	

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?

This is a multi year grant and will support the respond to the coronavirus by providing supportive services, nutrition services, and support services for caregivers to older individuals 60 and older . The grant does requires a match a 25% match. There should not be any long-term implications for the General Fund.

Surplus Property Certification?		X
Reporting Requirements?	X	

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 Superintendent and monthly payment requests by Grants Supervisor

Division Chief: *Devin Crawford*  
(signature)

Date: 7/11/2022

Prepared By: *B. D. Newby*  
(signature)

Date: 7/11/22

**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](mailto: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](mailto: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](mailto:rachelz@coj.net)

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

Phone: 255-5006

E-mail: [rachelz@coj.net](mailto: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](mailto: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: 255-5006 E-mail: [rachelz@coj.net](mailto: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**

## **Legislation**

### **AMERICAN RESCUE PLAN ACT**

#### **Whitepaper**

**July 11, 2022**

#### **Background**

The American Rescue Plan Act serves the mission of the Department by giving preference to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and clients who are practicing social distancing due to the COVID-19 public emergency.

#### **Client Eligibility**

Consumers shall not be dually enrolled in an American Rescue Plan Program and a Medicaid capitated Long-Term Care Program, except consumers in need of American Rescue Plan Legal Assistance services and American Rescue Plan Congregate Nutrition Services, including transportation to and from congregate meal sites. Under the American Rescue Plan for Supportive Services Title III-B, eligible clients must be age sixty (60) or older. I&R/Assistance services are provided to individuals regardless of age. Under the American Rescue Plan for Congregate Nutrition Services Title III-C1, eligible clients must be age sixty (60) or older, individuals must be mobile, not homebound, and physically, mentally, and medically able to attend a congregate nutrition program. Clients eligible to receive congregate meals include any spouse (regardless of age) who resides at home with or attends the dining center with his/her eligible spouse; Persons with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided, or home delivered meals are delivered; Disabled persons who reside at home with or accompany an eligible person to the dining center; Volunteers, regardless of age, who reside at home with or provide essential services on a regular basis during meal hours; Persons at nutritional risk who have physical, emotional, or behavioral conditions which would prevent them from obtaining nutrition; and Persons at nutritional risk who are socially or otherwise isolated and unable to obtain nutrition.

#### **Recommended Action**

The Parks, Recreation and Community Services Department (PRSC) respectfully requests the approval to accept the American Rescue Plan Act award of \$332,229.55 award date from September 1, 2021, through September 30, 2024.