

LEGISLATIVE FACT SHEET

DATE: 06/27/22

BT or RC No: BT 22-100
(Administration & City Council Bills)

SPONSOR: Kids Hope Alliance
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: KHA Chief Executive Officer and/or Chief Administrative Officer

Provide Name: Michael Weinstein and/or Dr. Saralyn Grass

Contact Number: 255-4477/ 255-4404

Email Address: mweinstein@coj.net or sgrass@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.)

Please provide the Kids Hope Alliance (KHA) with the authority to request the legislation necessary for the City Council to authorize KHA to recoup the \$3,038,585 recaptured from KHA during the year-end processing of FY 2021. A portion of recaptured dollars will go to direct fund the second six months of fourteen contracts that are currently operating and will otherwise end on 1/31/23, allowing them to continue existing services for the remainder of the school year. Because of the timing of City Council approval and subsequent appropriation, KHA requests that, if necessary, this money be carried forward to the FY22-23 for encumbrance.

APPROPRIATION: Total Amount Appropriated: \$3,038,585.00 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: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: General Operating Fund - 00111	Amount: \$3,038,585.00
	To: Kids Hope Alliance Fund - 10901	Amount: \$3,038,585.00
Name of 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.)

Funding is coming from the General Fund balance and is the amount of unspent funds from KHA for FY21. Funding will be appropriated back to KHA and encumbered by the end of FY 23.

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. <input type="text"/>
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. <input type="text"/>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Note: If yes, note must include explanation of all-year subfund carryover language. <input type="text"/> 2021-22/ 2022-23. Because of the timing of City Council approval and subsequent appropriation, KHA requests that, if necessary, this money be carried forward to the FY22-23 for encumbrance.
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 type="checkbox"/>	<input checked="" 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 / drafted?

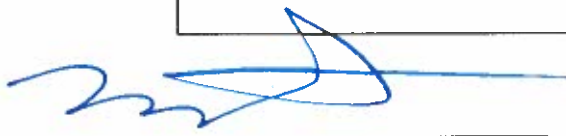
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></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%;"></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%;"></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?	<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"/>	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 reports.

Division Chief: 
_____ (signature)

Date: 6/30/22

Prepared By: _____
(signature)

Date: _____

ADMINISTRATIVE TRANSMITTAL

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

Thru: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: Michael Weinstein, CEO, Kids Hope Alliance

Initiating Department Representative (Name, Job Title, Department)

Phone: (904) 255-4477

E-mail: mweinstein@oj.net

Primary Contact: Michael Weinstein, CEO, Kids Hope Alliance

(Name, Job Title, Department)

Phone: (904) 255-4477

E-mail: mweinstein@oj.net

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor

Phone: (904) 255-5015

E-mail: leeannk@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: 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?

June 15th 2022 action items attached.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED