

LEGISLATIVE FACT SHEET

DATE: 07/21/22

BT or RC No: BT22-111
(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.)

The Senior Companion Program Provides Respite Care, Companion Services for low to moderate income seniors. The program's goal is to strengthen communities, foster civic engagement through services and volunteering. The Senior Companion volunteers will visit frail isolated seniors aged 60 years and older. Volunteers will provide companionship that will assist seniors to live independently in their homes for as long as possible, with the same or improved quality of life. The grant will provide volunteer opportunity for 40 low to moderate income seniors, to provide peer to peer social networking opportunities to frail and isolated Duval County Seniors 60 and older. The grant will provide \$203,846 in grants funds and the city match required is \$64,509.00 for a total of \$268,355.

APPROPRIATION: Total Amount Appropriated: \$268,355.00 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 Ccorporation for National and Community Service</u>	Amount:	<u>\$203,846.00</u>
	To: <u>PRSE Senior Companion Program Grant</u>	Amount:	<u>\$203,846.00</u>

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

Name of City of Jacksonville Funding	From: <u>General Fund Fund Balance</u>	Amount:	<u>\$64,509.00</u>
	To: <u>PRSE Senior Companion Program Grant</u>	Amount:	<u>\$64,509.00</u>

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.)

The grant funds are coming from Americorps Senior and does require a match in the amount of \$64,509.00, The total grant period is July 1, 2021- June 30, 2024. The amount period for year 2 is July 1, 2022- June 30, 2023.

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: 70px; width: 100%;"></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: 25px; width: 100%;"></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: 35px; width: 100%;"></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 / drafted? <div style="border: 1px solid black; padding: 5px;">Parks, Recreation and Community Services Department POC: Gloria Crawford 255-5401. The agreement is being reviewed by OGC, Jim McCain.</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: 35px; 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: 35px; width: 100%;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input 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; padding: 5px;">Ord 2021-0719 approval for Year 1 of SCP grant.</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	

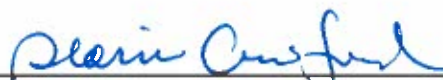
Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

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, mileage, volunteer recognition events, supplies, training and travel. The grant is approved for three years, July 1, 2021- June 30, 2024. City Match \$64,509.00.

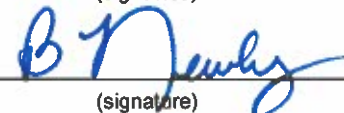
Surplus Property Certification?		X
Reporting Requirements?	X	

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 Annual Reports to be completed by Project Director and Grants Supervisor


Division Chief: 
(signature)

Date: 7/21/2022

Prepared By: 
(signature)

Date: 7/21/2022

ADMINISTRATIVE TRANSMITTAL

To: MBRC, 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: Rachel Zimmer Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: 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

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

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
AmeriCorps- Senior
Duval County Senior Companion Program
White Paper
July 21, 2022

Background

AmeriCorps is a network of local, state, and national service programs that connects over 70,000 Americans each year to intensive service to meet community need in education, the environment, public safety, health, and homeland security. AmeriCorps Seniors is an organization that provides opportunities for community service and volunteerism for those aged 44 and above.

As a part of the AmeriCorps Seniors Organization, the Senior Companion program focuses on aid and friendship to older adults who have difficulty with daily living tasks. Volunteers perform tasks such as shopping, paying bills, and providing escorted services to medical appointment and other places as needed to help the seniors live independently and age in place. The City of Jacksonville, Duval County Senior Companion (DCSCP) has 28 years of experience as a volunteer station that's responsible for recruiting, placement, and management of volunteers in the community. The program's goal is to strengthen communities, foster civic engagement through services and volunteering. The Senior Companion volunteers will visit frail isolated seniors aged 60 years and older. Volunteers will provide companionship that will assist seniors to live independently in their homes for as long as possible, with the same or improved quality of life.

At the end of the three-year grant, homebound seniors will have improved social support allowing them to remain living independently in their community. The AmeriCorps federal investment of ~~\$226,602.00~~ will be supplemented by \$64,509.00 of match from the City of Jacksonville, General Revenue Funds.

\$203,846
y-u

Client Eligibility:

The client must be a senior 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 and emotional bond, creating a wider social support system for the seniors served. The volunteer will visit the seniors 3-4 days a week for a minimum of 4 hours.

Recommended Action

The Parks, Recreation and Community Services Department (PRSC) Senior Division respectfully request the approve to accept the AmeriCorps Senior award of ~~\$226,602.00~~ award date July 1, 2021- June 30, 2023 for year two (2) of the 3 year grant beginning July 1, 2021-June 30, 2024.

\$203,846
y-u