## **LEGISLATIVE FACT SHEET**

DATE:	01/05/2	1	BT or RC N	lo:	
•			(Administration & City	Council Bills)	
SPONSO	R: Finance &	Administration/Office of	Grants & Contract Con	mpliance	
		(Department/	Division/Agency/Council Me	ember)	
Contact f	or all inquiries and p	resentations: Kendra N	Mervin		
Provide N	lame: Kendra Mervi	n			
	Contact Number: 90	)4-255-5026			
	Email Address: <u>K</u>	mervin@coj.net		_	
Research wil		his legislation is necessary? Pro uncil introduced legislation and th num of 1 page.)			
GAA-15-4D- Christian Fe agreement in incurred with \$166,218.78	.002) in the amount of \$47 llowship, Inc.). The grant on December 2020. All exp nin the grant period. The S s of its total project expend	w Enforcement (FDLE) awards 0,000 for the expansion of the award period was July 1, 2020 enses to meet the goals and old tate of Florida Department of Litures, which created a budget 81.82 to cover the project's bu	City's Cure Violence initiative through June 30, 2021 and the piectives of the grant project, aw Enforcement (FDLE) rein deficit. The Office of Grants and the contract of the	to a third site (The ne City received the which totaled \$440, nbursed the City of and Contract Comp	Potter's House grant award 000.00, were Jacksonville
List the se		nount Appropriated:  ovide Object and Subob	<b>\$273,781.82</b> lect Numbers for each	as follows: category listed	
		From:		Amount:	
Name of Fe	deral Funding Source(s)	To:		Amount:	
Name of St	ate Funding Source(s):	From:		Amount:	
		То:		Amount:	
Name of Ci Funding So	ty of Jacksonville	From: City of Jacksonville		Amount:	\$273,781.82
9 20		To: City of Jacksonville		Amount:	\$273,781.82
Name of Co	ontribution(e)·	From:		Amount:	

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ivanic or continuation(s).	To:		Amount:
Name & Number of Bond	From:		Amount:
Account(s):	To:		Amount:
	10.		Amount.
funding for a specific time frame 106 regarding funding of anticipa (Minimum of 350 words - Maximum	ming from? Will the ted post-of 1 page.	n, going to, how will the funds be re be an ongoing maintenance construction operation costs.	e used? Does the funding require a match? Is the ? and staffing obligation? Per Chapters 122 &
Program Miscellaneous Grant Pr	ojects Ge	neral Fund for unreimbursed e	of \$273,781.82 to the Mayor's Cure Violence expenses incurred under the State of Florida FDLE eyor's Cure Violence Program General Fund. The
ACTION ITEMS: Purpose code provisions for each.  ACTION ITEMS: Yes Emergency?	/ Check		ide detail by attaching justification, and  If yes, explanation must include detailed nature of
		SITISTACTION.	
Federal or State Mandate?	X	Explanation: If yes, explana including Statute or Provisio	tion must include detailed nature of mandate n.
Fiscal Year Carryover?	Х	Note: If yes, note must inclulanguage.	de explanation of all-year subfund carryover
CIP Amendment?  Contract / Agreement Approval?	X	year amendment. Attachment & Explanation: Department (and contact na	ppropriate CIP form(s). Include justification for mid- if yes, attach the Contract / Agreement and name of me) that will provide oversight. Indicate if ind with whom. Has OGC reviewed / drafted?
Related RC/BT? X		Attachment: If yes, attach a	ppropriate RC/BT form(s).
Waiver of Code?	Х		ntify code section(s) in box below and provide

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	BT attached
Code Exception? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	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.
<del>_</del>	2020-504-E and 2021-290-E

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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?		Х	Explanation: How will the funds be used? Does the funding for a specific time frame and/or multigrant? Are there long-term implications for the G	-year? If multi-yea	
			Funds will be posted to FY2021		
Surplus Property Certification?		Х	Attachment: If yes, attach appropriate form(s).		
Reporting Requirements?		Х	Explanation: List agencies (including City Counc and frequency of reports, including when reports (include contact name and telephone number) re	are due. Provide	Department
Division Chief: Kend	dra Mer	rvin		Date:	1/5/2021
			(signature)		
Prepared By: Shar	ronda D	Davis		Date:	1/5/2021
			(signature)		

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## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325
Thru:	Patrick "Joey" Greive, Director, Finance and Administration Department
	(Name, Job Title, Department)
	Phone: 904-255-5354 E-mail: <u>pgreive@coj.net</u>
From:	Kendra Mervin, Grant Administrator, Office of Grant and Contract Compliance
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 904-255-5026
Primary	Tonara moran, Grant tanimonator, Grinos or Grant and Gornada Compilarios
Contact:	· (Name, Job Title, Department)
	Phone: 904-255-5026
CC:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
	Phone: 904-255-5006
COU	NCIL 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
	Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:
Primary	Phone: E-mail:
•	Phone: E-mail:
•	Phone: E-mail:
Contact:	Phone: E-mail: Phone: E-mail: E-mail: E-mail: E-mail: E-mail: Phone: E-mail: E-mail:
•	Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:  Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Contact:	Phone: E-mail: Phone: E-mail: E-mail: E-mail: E-mail: E-mail: Phone: E-mail: E-mail:
Contact:	Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:  Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Contact:	Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:  Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Contact:  CC:  Legislatic approvin	Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:  Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor Phone: 904-255-5006 E-mail: rachelz@coj.net  ion from Independent Agencies requires a resolution from the Independent Agency Board agency the legislation.
Contact:  CC:  Legislatic approvin	Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  Phone: 904-255-5006 E-mail: rachelz@coj.net  ion from Independent Agencies requires a resolution from the Independent Agency Board agency Action Item: Yes No
Contact:  CC:  Legislatic approvin Independent	Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:  Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor Phone: 904-255-5006 E-mail: rachelz@coj.net  ion from Independent Agencies requires a resolution from the Independent Agency Board agency the legislation.

## **FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**

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