

LEGISLATIVE FACT SHEET

DATE: 07/23/21

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: Office of Economic Development
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Office of Economic Development

Provide Name: Kirk Wendland/Paul Crawford

Contact Number: 255-5446

Email Address: paulc@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 proposed legislation is to provide a grant to Overflow Health Alliance, Inc. in order to operate a community based store at 4220 Moncrief Road. This area of the City has high obesity rates, food insecurity and high morbidity. A source for affordable, healthy food options are needed in order to help provide options to battle these health issues.

The store is operating under the name Making Ends Meet and provides access to food, services for the elderly and educational sessions for preparing healthy foods. The store opened February 6, 2021. The \$25,000 grant will be utilized to help provide inventory for the store.

There is no fiscal impact or obligation to the City of Jacksonville as a result of the issuance of these bonds.

APPROPRIATION: Total Amount Appropriated \$25,000 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: Northwest JEDC Fund - Professional Services	Amount: \$25,000.00
	To: Northwest JEDC Fund - Subsidies & Contributions to Private Org	Amount: \$25,000.00
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 proposed grant of \$25,000 will be utilized to purchase inventory for the Making Ends Meet store. Funds will be transferred within the existing balance of funding allocated towards Food Desert Programs.

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"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; padding: 5px;">Fund 00117 is an all-years fund</div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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?</p> <div style="border: 1px solid black; padding: 5px;">The Office of Economic Development in coordination with the OGC will collect and manage all required documentation to ensure the bcontract documents attached are adhered to.</div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>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</p> <div style="border: 1px solid black; padding: 5px;">2018-195-E was legislation that established \$3 million in funding to address Food Deserts in the Northwest areas of Jacksonville</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?

The grant funding provided is a one-time grant and is not anticipated to be recurring. There is no match required.

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input checked="" type="checkbox"/>	<input 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

Overflow Health Alliance will be responsible for providing a report to the Office of Economic development not more than one year after the disbursement of the grant. The information required will be paid invoices demonstrating the amount paid for inventory and to what organization; the number of patrons served; and the amount of food distributed.

Executive Director 
Kirk Wendland

Date: 7/23/2021

Prepared By: 
Paul Crawford, Deputy Director

Date: 7/23/2021

ADMINISTRATIVE TRANSMITTAL

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

Thru: N/A

(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: Kirk Wendland, Executive Director, Office of Economic Development (OED)

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5455

E-mail: kwendland@coj.net

Primary Contact: Paul Crawford, Deputy Director, OED

(Name, Job Title, Department)

Phone: 255-5446

E-mail: paulc@coj.net

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

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 Governmental Affairs, Office of the Mayor

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?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED