

LEGISLATIVE FACT SHEET

DATE: 12/29/20

BT or RC No: BT21-034
(Administration & City Council Bills)

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

Contact for all inquiries and presentations: Michael Weinstein/Saralyn Grass

Provide Name: _____

Contact Number: (904)225-4477 or (904)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.)

To appropriate a \$162,865 grant received from the Office of Justice Programs, US Department of Justice for the OJJDP FY 20 Comprehensive Anti-Gang Programs for Youth-Category 1: Intervention for the period of October 1, 2020 to September 30, 2021.

The grant is for Anti-Gang Programing under the Juvenile Justice Essential Services Category which will provide intervention in three areas:

- Community Mobilization
- Opportunities Provisions and
- Social Interventions

Also included in the legislation will be the authorization for a new grant-funded position to work on contract management of this three-year program along with overseeing the direct service work of the contracted provider. Chapter 77, Section 77.111(a) (Provider Contracts) will need to be waived with respect to the contract and approved and authorized under this ordinance. Section 77.111(a) requires contracts for children's services to be competitively procured by KHA via an evaluated bid process. This waiver is needed in order to allow KHA to direct contract with the agency Managed Access to Child Health (MATCH). MATCH was included and approved as part of the grant application and will implement the direct service portion of this grant.

APPROPRIATION: Total Amount Appropriated: \$229,905.00 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: US Department of Justice	Amount: \$162,865.00
	To: Kids Hope Alliance Grant Fund	Amount: \$162,865.00
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name of City of Jacksonville Funding Source(s):	From: Kids Hope Alliance Juvenile Justice Essential Services Category	Amount: \$67,040.00
	To: Kids Hope Alliance Grant Fund	Amount: \$67,040.00
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.)

The Kids Hope Alliance has been awarded \$162,865 from the Office of Justice Programs, US Department of Justice for the OJJDP FY 20 Comprehensive Anti-Gang Programs for Youth-Category 1: Intervention. KHA will be providing \$67,040.00 to this grant period is October 1, 2020 to September 30, 2021 as match for year 1.

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. Has OGC reviewed / drafted? <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Contract with MATCH; working with OGC on drafting.</div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Also included in the legislation will be the authorization for a new grant-funded position to work on contract management of this three-year program along with overseeing the direct service work of the contracted provider. Chapter 77, Section 77.111(a) (Provider Contracts) will need to be waived with respect to the contract and approved and authorized under this ordinance. Section 77.111(a) requires contracts for children's services to be competitively procured by KHA via an evaluated bid process. This waiver is needed in order to allow KHA to direct contract with the agency Managed Access to Child Health (MATCH). MATCH was included and approved as part of the grant application and will implement the direct service portion of this grant.

Code Exception?

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.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

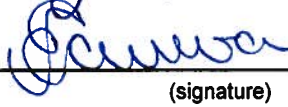
	Yes	No	
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?</p> <p>3 years time frame, 10/01/2020-09/30/2021, 10/01/2021-09/30/2022 and 10/01/2022-09/30/202.</p>

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"/>	<p>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.</p>

Division Chief: _____

 (signature)

Date: 12/29/20

Prepared By: _____

 (signature)

Date: 12/29/20

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@coj.net

Primary Contact: Michael Weinstein, CEO, Kids Hope Alliance
(Name, Job Title, Department)
Phone: (904) 255-4477 E-mail: mweinstein@coj.net

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
Phone: (904) 630-1825 E-mail: leeannK@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 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?
5/20/2020

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Fund	Fund Description	Center	Center Description	Account	Account Description	Project	Project Description	Activity	Activity Description	Masterfund	Masterfund Description	Future	Future Description	Year to Date Fund	Actual Budget	Budget Adjustments	Total Budget	Unencumbered	Commitments	Obligations	Other Commitments	Expenditures	Fund Balance	Funds Available	Actual		
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	515010	512015-Pennwest and Providence's Salaries	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-2,589.02	-2,589.02	2,589.02			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	515110	515115-Special Pay - Reimbursable	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-11.29	-11.29	11.29			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	512000	512005-Statutory Fee	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-37.14	-37.14	37.14			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	521000	521005-Statutory Fee	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-7.77	-7.77	7.77			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	521200	521205-CPD Deduct Contribution DC-48	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-204.75	-204.75	204.75			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	523010	523015-Group Dental Plan	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.50	21.50	-21.50			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	523000	523005-Group Life Insurance	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	14.80	14.80	-14.80			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	523000	523005-Group Life Insurance	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	0.00	0.00	0.00	0.00	0.00	827.87	827.87	-827.87			
181001	181001-CHSD 048 Hope Alliance Fund	181001	Services - CHSD 048 Hope Alliance - Other Human	582001	582005-Deductions & Contributions To Pension Org	000000	000000-048-Project	00000437	00000437-25% WJ Justice	000000	000000-048-Fund	00000000	00000000-048-1st-21		0.00	0.00	2,495,811.13	2,495,811.12	0.00	0.00	0.00	497,891.20	1,998,515.43	0.00	0.00	2,586,411.13	284,772.00

Grand Fund Balance
 for KHA Fund (Matching Fund)
 01/16/21
 PK

	Formula	Grant Y1	KHA	Total
A. Personnel KHA				
Full Time Grant Manager		\$ 62,700	\$ -	\$ 62,700
Fringe Benefits	26%	\$ 15,675	\$ -	\$ 15,675
Total Salary & Benefit		\$ 78,375	\$ -	\$ 78,375
				\$ -
Travel (required 1 per year)	\$1500 per year	\$ -	\$ -	\$ -
Equipment	Year 1	\$ -	\$ 1,500	\$ 1,500
Supplies	500 x year	\$ -	\$ 350	\$ 350
Local Mileage	\$.575 per mile x 60 miles a month x 12	\$ -	\$ 100	\$ 100
Postage, Printing Copy		\$ -	\$ 50	\$ 50
Other Expenditure		\$ -	\$ 500	\$ 500
Total Direct Costs for KHA		\$ 78,375	\$ 2,500	\$ 80,875
B. Subawards				
<i>Salary and Benefits</i>				
Program / Case Coordinator: 1 FTE		\$ 40,000	\$ 5,000	\$ 45,000
Employment Specialist: .5 FTE		\$ -	\$ 25,000	\$ 25,000
Intervention Specialist (Peer):	\$20 per hr/ 15 hours per wk	\$ 11,800	\$ 3,800	\$ 15,600
Fringe Benefits		\$ 14,245	\$ 9,295	\$ 23,540
				\$ -
Total Salary & Benefits		\$ 66,045		\$ 66,045
				\$ -
Evaluation		\$ -	\$ 3,000	\$ 3,000
			\$ -	\$ -
Mileage	\$.575 per mile x 60 miles a month x 12	\$ -	\$ 586	\$ 586
			\$ -	\$ -
Equipment		\$ -	\$ -	\$ -
			\$ -	
Travel to Conference		\$ -	\$ 1,500	\$ 1,500
			\$ -	
Supplies		\$ -	\$ 1,500	\$ 1,500
			\$ -	
Plan of Care Needs	Incentives/ Treatment, etc	\$ 3,639	\$ 9,008	\$ 12,647
Total Direct		\$ 69,684	\$ 58,689	\$ 128,373
IDC (10%)		\$ 14,806	\$ 5,851	\$ 20,657
Total Grant Award Dept Justice		\$ 162,865		\$ 162,865
Total Sub Award		\$ 84,490	\$ 64,540	\$ 149,030
Total Program		\$ 162,865	\$ 67,040	\$ 229,905