

LEGISLATIVE FACT SHEET

DATE: 10/07/19

BT or RC No: BT20-021
(Administration & City Council Bills)

SPONSOR: Neighborhoods / Animal Care & Protective Services
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Devron Cody

Provide Name: Devron Cody, Chief of Animal Care and Protective Services

Contact Number: 255-7033

Email Address: Dcody@coj.net

This BT will appropriate funds awarded to the City's Animal Care and Protective Services Division from

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.)

This legislation is needed to appropriate a grant award of \$25,000.00 from Florida Animal Friend, Inc. These funds will be used to provide spay/neuter services to stray and resident owned free roaming cats/kittens in the community. Distribution of the funds will be made in a single cash installment from Florida Animal Friend, Inc. and implementation of the grant will be through ACPS non-profit partners.

APPROPRIATION: Total Amount Appropriated \$25,000.00 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: Florida Animal Friend, Inc	Amount: \$25,000.00
	To: Animal Control Grants	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.)

These funds are coming from a private source and will be used to assist the City's Animal Care and Protective Services Division by funding spay and neuter services to feral and resident owned free roaming cats/kittens within the community. The funds will be used in conjunction with ACPS non-profit partners to provide spay/neuter services. This Grant does not require a match and the grant end date is August 30, 2020.

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

ACTION ITEMS: **Yes** **No**

Emergency?

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

Subfund 1F1 is all-years

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

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?

A copy of the grant award agreement is attached. Animal Care and Protective Services within the Neighborhoods Department will provide oversight. The Office of General Counsel and Risk Management have approved the agreement.

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

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 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"/>
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

In accordance with the award, a final report is to be submitted to the Florida Animal Friend, Inc. website on September 1, 2020

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Division Chief: Devron Cody 
(signature)

Date: 10/7/2019

Prepared By: Daniel Nasr, Finance Manager 
(signature)

Date: 10/7/2019

ADMINISTRATIVE TRANSMITTAL

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

Thru: Bryan Mosier, Director, Neighborhoods

(Name, Job Title, Department)

Phone: 255-7005

E-mail: Bmosier@coj.net

From: Devron Cody, Division Chief, Neighborhoods, Animal Care and Protective Services Division

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-7033

E-mail: Dcody@coj.net

Primary Contact: Devron Cody, Division Chief, Neighborhoods, Animal Care and Protective Services Division

(Name, Job Title, Department)

Phone: 255-7033

E-mail: Dcody@coj.net

CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 904-630-1825

E-mail: jelsbury@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: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

Phone: 904-630-1825

E-mail: jelsbury@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