## **LEGISLATIVE FACT SHEET**

DATE:	10/09/23	0.	BT or RC No:	BT24	-019
			(Administration & City Co	ouncil Bills)	
SPONSOR	: Kids Hope	Alliance			
		(	Department/Division/Agency/Council Mem	nber)	
Contact for	all inquiries and p	resentations	Saralyn Gra	ass	
Provide Na	me:		Jessica Pitts		
C	ontact Number: 90	04-255-4404			
E	mail Address: sg	rass@coj.ne	<u>et</u>		
Research will c		uncil introduced l	necessary? Provide; Who, What, When, Where eqislation and the Administration is responsible e.)		
Rich Environr The purpose of children ident pediatric to ac Section 77.11	nents for All to Thrive to the funding is to prolified by SAMHSA—chidult care (HCT), and Let 1(a) requires contract	Everyday (CRE wide mental he ildren and yout GBTQ+ childre s for children's	m the Department of Health and Human (EATE) program for the period of 9/30/2023 walth hervices for children with serious employments are needs (CYSHC) and youth.  Services to be competively procured by KHA to direct contract with the agency Man	3 to 9/29/2024 otional disturb N), youth tran HA via an eva	ances, targeting sitioning from
List the sou	IATION: Total Ar arce <u>name</u> and pro	ovide Object	and Subobject Numbers for each	as follows	
	ral Funding Source(s)	From: Depar	tment of Health and Human Services	Amount:	\$1,000,000.00
Name of Fede	rai i unuing cource(s)		Hope Alliance	Amount:	\$1,000,000.00
Name of State Funding S	e Funding Source(s):	From:		Amount:	
	:	To:		Amount:	
Name of City	f Jacksonville Fundir	From:		Amount:	Ja.
,		To		Amount:	
Nama of la Ma	/ind Combinition(s)	From:		Amount:	
Indisie OI III-N	ind Contribution(s):	To:		Amount:	
Name & Num	ber of Bond	From:		Amount:	
Account(s):	(*************************************	To:		- Amount:	

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## 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 \$1,000,000 from the Department of Health and Human Services for the Codesigning Rich Environments for All to Thrive Everyday (CREATE) program.KHA will be providing a \$75,000.00 to this grant. The grant period is September 30, 2023 to September 29, 2024. The grant will provide mental health services for children with serious emotional disturbances, targeting children and youth with special health care needs (CYSHCN), youth transitioning from pediatric to adult care (HCT), and LGBTQ+ children and youth.

The FTE position split for this grant is proposed on the 2023-2024 Schedule M.

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

ACTION ITEMS: Yes Emergency? [	No x	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?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?  Contract / Agreement Approval?	x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  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?
Related RC/BT? x Waiver of Code? x  Code Exception?	х	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.  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.  Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	х	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.

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

	ITEMS: entinuation o Grant	6.00	X	Is the funding for a	vill the funds be used? Does th specific time frame and/or multi there long-term implications for	i-year? If multi-year, note
· (	olus Propert Certification Reporting equirements	?	x	Explanation: List agand frequency of re	attach appropriate form(s). gencies (including City Council ports, including when reports a me and telephone number) res	re due. Provide Department
	ion Chief: pared By:		unly	(signature)		Date: 10/11/23
110	parca by			(signature)	-	
To:	MBRC, c/o	the Bu		MINISTRATIVE		
Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor				_		
R 2200F107	(Name, Job T		7-2			
	Phone:	255-5	000	E-mail:	BNorris@coj.net	192
From:			Represent	ergovernmental Af ative (Name, Job Tit E-mail:	fairs, Office of the Mayor le, Department) BNorris@coj.net	
Primary	Prittony Nor	in Diroc	tor of Int	tergovernmental Af	fairs, Office of the Mayor	
Contact:				torgovernmental At	idilo, Offico of the major	
	Phone:	255-5	recent of the second	E-mail:	BNorris@coj.net	
CC:					ffairs, Office of the Mayor	
	Phone:	255-5	000	E-mail:	BNorris@coi.net	

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## 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 Co	ouncil Member / Independ	dent Agency /	Constitutional Officer			
	Phone: _		E-mail:				
Primary							
Contact:	(Name, Job	Title, Department)	3,0				
	Phone:		E-mail:				
CC:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor						
	Phone:	255-5006	E-mail:	rachelz@coj.net			
approvin	g the legis	lation.	•	resolution from the Independent Agency Board			
	1 <del>7-</del> 11	cy Action Item: Yetion / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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