

# LEGISLATIVE FACT SHEET

DATE: 03/31/23

BT or RC No: BT23-078  
(Administration & City Council Bills)

SPONSOR: Parks, Recreation and Community Services Department  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Chief, Senior Services Division

Provide Name: Gloria Crawford

Contact Number: 904-255-4401

Email Address: [gcrawford@coj.net](mailto:gcrawford@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.)

Department of Parks, Recreation and Community Services/Senior Services/Jacksonville Senior Services Program requests permission to appropriate additional funding from the U.S. Department of Health and Human Services through Northeast Florida Area Agency (Eldersource). The award will prevent, prepare for, and respond to coronavirus by providing supportive services, nutrition services, preventive health, and support services for family caregivers. The additional funding for this grant does not require a match for the additional funding. The grant period is from July 11, 2022- September 30, 2024.

APPROPRIATION: Total Amount Appropriated \$332,229.55 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 Health & Human Services/Title III C <u>US Department of Health and Human Services</u>	Amount: <u>\$332,229.55</u>
	To: PRSE Adult Services Grants-Other Human Services/Social Services 3-B Nutrition 3C ARP Act	Amount: <u>\$332,229.55</u>

Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____

Name of City of Jacksonville Fundin	From: _____	Amount: _____
	To: _____	Amount: _____

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 primary purpose of the American Rescue Plan Program are to prevent, prepare for, and respond to coronavirus; including supportive services, nutrition services, preventive health, and support services for family caregivers. Efforts may include COVID-19 vaccination outreach, education, and associated services with helping older adults get vaccinations; and services that address social isolation, including activities for investments in technological equipment The Parks, Recreation and Community Services Department (PRSC) respectfully requests the approval to appropriate additional funding in the amount of \$332,229.55. No City is required.

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

**ACTION ITEMS:**

Emergency?  Yes  No

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

Federal or State Mandate?  Yes  No

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

Fiscal Year Carryover?  Yes  No

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

CIP Amendment?  Yes  No

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

Contract / Agreement Approval?  Yes  No

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?

Parks, Recreation and Community Services Department/Senior Services Division/Gloria Crawford. Contract will be reviewed by OGC.

Related RC/BT?  Yes  No

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

Waiver of Code?  Yes  No

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

Code Exception?  Yes  No

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

Related Enacted Ordinances?  Yes  No

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.

**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

Monthly reports will be submitted by Program Managers and monthly payment requests by Grants Supervisor

Division Chief: *Gloria Crawford*  
(signature)

Date: 3/24/2023

Prepared By: *B. Newby*  
(signature)

Date: 3/24/2023

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Daryl Joseph, Director, Parks, Recreation and Community Services Department  
(Name, Job Title, Department)  
Phone: 255-7903 E-mail: [Djoseph@coj.ent](mailto:Djoseph@coj.ent)

From: Gloria Crawford, Chief Senior Services  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 904-255-5401 E-mail: [gcrawford@coj.net](mailto:gcrawford@coj.net)

Primary Contact: Bridgette Newby, Parks & Recreation Grants Supervisor  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: [bnewby@coj.net](mailto:bnewby@coj.net)

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@coj.net)

**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](mailto:mstaff@coj.net)

From: \_\_\_\_\_  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5006 E-mail: [rachelz@coj.net](mailto:rachelz@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**