

## LEGISLATIVE FACT SHEET

DATE: 07/20/23

BT or RC No: BT 23-114  
(Administration & City Council Bills)

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

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

Provide Name: Gloria Crawford

Contact Number: 904-255-5401

Email Address: 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.)

The Senior Companion Program offers respite care, companion services, for low to moderate income seniors. This is a multi-year continuation grant with term dates of 07/01/2021-06/30/2024. Senior Companion was not appropriated additional funding for FY 2023-2024 but are being allowed to carryover unused funds from prior fiscal years in the amount of \$336,359. We are requesting to move funding from 552160 Other Operating Supplies to 552060 Food to cover the food expenses for a mandatory in-service training for the Seniors. We are allotted \$900.00 per FY for these expenses as approved on the Food and Beverage schedule. This money is usually appropriated yearly through a TD. A TD was not required for FY 23-24 because not additional funding was provided by grantor.

APPROPRIATION: Total Amount Appropriated \$900.00 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 Fundin | From: 552160 Other Operating Supplies | Amount: \$900.00 |
|                                     | To: 552060 Food                       | Amount: \$900.00 |
| 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.)

We are requesting funds be moved from Other Operating Supplies (552160) to Food (552060) to cover mandatory in-service training for Senior Companion volunteers to be held in Mid August. The food account needs to be increased by \$900.00 to cover the food cost for this training. We are requesting approval to move those funds into the account to cover costs. As Senior Companion was not appropriated any additional funding and grant authorized to use the carryover money from previous fiscal years. We only allot \$900.00 a year and do not have enough funding to cover these cost for FY 23-24. No increases are required on the FY23 Attachment A Food Budget for Ord 2022-504.

**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.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></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.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>  |
| Fiscal Year Carryover?         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></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 type="checkbox"/>            | <input checked="" 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?<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div> |
| Related RC/BT?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Attachment: If yes, attach appropriate RC/BT form(s).  |
| Waiver of Code?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>  |
| Code Exception?                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>   |
| Related Enacted Ordinances?    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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.<br><div style="border: 1px solid black; height: 30px; width: 100%;"></div>                                   |

Ord 2022-504 Attached A (Food Budget)

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

**ACTION ITEMS:**

|                        |                                     |                          |
|------------------------|-------------------------------------|--------------------------|
|                        | <b>Yes</b>                          | <b>No</b>                |
| Continuation of Grant? | <input checked="" type="checkbox"/> | <input 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 funds for this program are used to provide respite care, companion services, for low to moderate income seniors. This is a continuation grant and we are in year three (3) of this grant with a term date of 07/01/2021- 06/30/2024. No additional funding was provided for year 3m therefore we need approval to move funding into our food budget.

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

Division Chief: *Gloria Crawford*  
(signature)

Date: 7/25/2023

Prepared By: *B. Norris*  
(signature)

Date: 7/25/23

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

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

Primary Contact: Gloria Crawford, Chief, Senior Services  
(Name, Job Title, Department)  
Phone: 255-5401 E-mail: [Gcrawford@coj.net](mailto:Gcrawford@coj.net)

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5000 E-mail: [bnorris@coj.net](mailto:bnorris@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: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5000 E-mail: [bnorris@coj.net](mailto:bnorris@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**