LEGISLATIVE FACT SHEET

DATE:	05/09/19	9		BT or RC No: tration & City Cour	BT19-09C
SPONSOR:	Neighborh		are & Protective S		or)
Contact for all inc	uiries and p	presentations		Devron Cody	,
Provide Name:		Devron Cod	y, Chief of Animal Ca	re and Protective S	Services
Contact	Number:		255-7033		
Email A	ddress:	D	cody@coj.net		
Research will complete (Minimum of 350 v This legislation is need funds will support she promotion and fees a Expenditures" of the beverages. Overall, the This is a \$400,000.00	this form for Covords - Maxinded to approper the marketing associated with FY 19 budgenese funds will grant that will be app	nuncil introduced legisla mum of 1 page.) oriate a grant award g campaigns, training n events. Additionally et ordinance (2018-5 Il increase communit Il be paid to The City propriated now (FY19	in the amount of \$200 g seminars, volunteer to, this legislation seek (04-E) in order to appropriately awareness as well at of Jacksonville in two (3), and the final \$200,	D,000.00 from The appreciation even appreciation even as to amend attacher opriate funds to be as increase the add o "\$200,000.00" ca	Petco Foundation. These ts, as well as, event ment A "Food and Beverage

APPROPRIATION: Total All List the source <u>name</u> and pro	mount Appropriated \$200,000.00 ovide Object and Subobject Numbers for each	as follows: category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From: Petco Foundation	Amount: \$200,000.00
	To: Animal Control Grants	Amount: \$200,000.00
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
Account(s).	То:	Amount:
Explain: Where are the funds coming the funding for a specific time frame 122 & 106 regarding funding of antiomatic (Minimum of 350 words - Maximum of These funds are coming from a privilege supporting shelter marketing campa fees associated with events. Overall	ROPRIATION / FINANCIAL IMPACT / OTHER ng from, going to, how will the funds be used? Does the will there be an ongoing maintenance? and staffin cipated post-construction operation costs. 1 page.) ate source and will be used to assist the City's Animal Caligns, training seminars, volunteer appreciation events, all, these funds will increase community awareness as well equire a match and the grant end date is January 31, 20	funding require a match? Is gobligation? Per Chapters are and Protective Services by sewell as event promotion and Il as increase the adoption rate

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

ACTION ITEMS: Yes	No	
Emergency?	х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	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.
		Funding to be appropriated through FY20. This is a \$400,000.00 grant that will be paid to the City in two "\$200,000.00" cash installments: The first \$200,000.00 installment, will be appropriated now (FY19). The final \$200,000.00 installment, will be appropriated in FY20.
CIP Amendment?	х	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?	Х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	X	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.

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

Continuation of	Explanation: How will the funds be us is the funding for a specific time frame year of grant? Are there long-term im	ed? Does the funding require a match? and/or multi-year? If multi-year, note plications for the General Fund?
Surplus Property Certification? Reporting Requirements?	and frequency of reports, including wh (include contact name and telephone in In accordance with the award, the inter-	City Council / Auditor) to receive reports en reports are due. Provide Department
Division Chief:	(signature)	Date: 5/10/19
Prepared By:	(signatura)	Date: 5/10/19

ADMINISTRATIVE TRANSMITTAL

10:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325				
Thru:	Stephanie Burch, Esq., Director, Neighborhoods				
	(Name, Job Title, Department)				
	Phone: 255-8902 E-mail: stephanieb@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	Devron Cody, Division Chief, Neighborhoods, Animal Care and Protective Services Division				
Contact:	(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				
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
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То:	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				
	Thene				
l egicletic	on from Independent Agencies requires a resolution from the Independent Agency Board				
	g the legislation.				
• •	lent Agency Action Item: Yes No				
•	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?				
	mon o board dotton contounious				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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