

LEGISLATIVE FACT SHEET

DATE: 07/15/20

BT or RC No: BT20-102
(Administration & City Council Bills)

SPONSOR: Kids Hope Alliance
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Michael Weinstein

Provide Name: _____

Contact Number: (904) 225-4477

Email Address: mweinstein@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.)

To appropriate a \$80,000 grant received from Citi Foundation, the Cities for Financial Empowerment Fund (CFE Fund) for the 2020 Financial Navigators Grant. Additional request includes the authorization to direct fund the United Way of Northeast Florida with the \$80,000 in order to provide the financial navigation services to Jacksonville families impacted by COVID-19.

Government partners will also receive training, access to a centralized database, and significant technical assistance for up to one year to design and launch a Financial Navigators program.

The CFE Fund will support municipal partners in a rapid deployment of financial empowerment resources as part of their emergency response and economic recovery efforts, collaborating with community-based nonprofit organizations and city agency partners to remotely serve residents. Financial Navigators will provide structured guidance remotely that will help residents prioritize financial concerns and mitigate disruptions to their cashflow.

Tactics may include:

- Managing expenses through prioritizing payments; guiding negotiations with creditors, including credit card companies, student loan servicers, personal and business lenders, to pause payments without accruing interest; determining if utilities payments can be paused without disruption of service; and considering options to leverage insurance.
- Maximizing income through ensuring receipt of potential future federal payments; providing guidance on enrollment of unemployment insurance, food security benefits, and other available resources; and connecting to Volunteer Income Tax Assistance sites to file taxes and receive tax refunds.

APPROPRIATION: Total Amount Appropriated \$80,000.00 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) Kids Hope Alliance

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: _____	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 Kids Hope Alliance has been awarded \$80,000 from Cities for Financial Empowerment (CFE) Fund for 2020 Financial Navigators. These funds will promote family health and well-being and enable families and their children to participate in the programs, services and activities of KHA by enhancing the financial stability of families affected by the COVID-19 pandemic and economic fallout

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"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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?</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <p>Waiver of Chapter 126 Part 2 is being requested to allow KHA to direct fund the United Way of Northeast Florida for \$80,000 in order to service the Financial Navigators program.</p>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>

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 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: 

 (signature)

Date: 7/15/2020

Prepared By: April Hart

 (signature)

Date: 7/15/2020

ADMINISTRATIVE TRANSMITTAL

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

Thru:

(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: Michael Weinstein, CEO, Kids Hope Alliance

Initiating Department Representative (Name, Job Title, Department)

Phone: (904) 255-4477

E-mail: mweinstein@coj.net

Primary Contact: Michael Weinstein, CEO, Kids Hope Alliance

(Name, Job Title, Department)

Phone: (904) 255-4477

E-mail: mweinstein@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

Independent Agency Action Item: Yes No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

Board agenda - July 15, 2020

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED