

LEGISLATIVE FACT SHEET

DATE: 11/10/20

BT or RC No: _____
(Administration & City Council Bills)

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

Contact for all inquiries and presentations: 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 request legislation necessary for the City Council to authorize KHA to facilitate a lease with its subcontractor Managed Access to Child Health (MATCH). This lease would be for a total of \$0.00 annually and would include approximately 6,352 square footage within the Kids Hope Alliance building at 1095 A. Phillip Randolph Blvd. By offering this space at no cost to MATCH, it allows the ability to allocate more program funds to serve youth within the community.

APPROPRIATION: Total Amount Appropriated \$0.00 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.)

<p>This request represents no funding appropriation or deappropriation, the lease would become effective February 1, 2021 upon City Council approval with the ability to be renewed annually for up to five years. KHA has three contracts with MATCH within the KHA essential service funding.</p>

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.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

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: 11/10/2020

Prepared By: April Hart
(signature)

Date: 11/10/2020

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 - November 18, 2020

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

10 11-23-2020



KIDS HOPE ALLIANCE
The Jacksonville Partnership
for Children, Youth & Families

DATE: November 10, 2020
TO: Brian Hughes, Chair
Mayor's Budget Review Committee
FROM: Michael Weinstein *[Signature]*
Chief Executive Officer, Kids Hope Alliance

APPROVED BY:
**MAYOR'S BUDGET
REVIEW COMMITTEE**

DATE NOV 23 2020

SUBJECT: KHA Lease with Managed Access to Child Health

Please provide the Kids Hope Alliance (KHA) with the authority to request the legislation necessary for the City Council to authorize KHA to facilitate a lease with its subcontractor, Managed Access to Child Health (MATCH). The lease would become effective on February 1st, 2021, upon City Council approval, and could be renewed annually for up to five years.

The lease would be for a total of \$0 annually and would include approximately 6,352 square feet within the Kids Hope Alliance building at 1095 A. Phillip Randolph Blvd., Jacksonville, FL 32206. By offering this space at no cost to MATCH, it allows them to allocate more program funds to serve youth within the community.

KHA has three contracts with MATCH currently including: KHA's Diversion Services, a subcontract through our federal System of Care Expansion and Sustainability Grant from the Substance Abuse and Mental Health Services Administration grant, and a subcontract through our state Criminal Justice Reinvestment Expansion Grant from the Department of Children and Families.

If additional information or assistance is required, please contact Michael Weinstein at 255-4401 or MWeinstein@coj.net and/or Dr. Saralyn Grass at 255-4404 or SGrass@coj.net. Thank you.
TD/jar