LEGISLATIVE FACT SHEET

DATE:07/09/	<u>′21</u>	BT or RC No	: B1	Γ21-092
		(Administration & City C	Council Bills)	
0000000				
SPONSOR: Kids Hope			-	
	(Depa	rtment/Division/Agency/Council Meml	ber)	
Contact for all inquiries and	presentations: Mic	chael Weinstein/Saralyn Grass		
Provide Name: April Hart				
Contact Number: (904)255-44401 or	(904)255-4404	_	
Email Address: _r	nweinstein@coj.ne	t or sgrass@coj.net	-1	
PURPOSE: White Paper (Explain Why	this legislation is necessa	ry? Provide; Who, What, When, Where, H	low and the Imp	act.) Council
Research will complete this form for Co (Minimum of 350 words - Maxi	uncil introduced legislation	n and the Administration is responsible for	all other legisla	ition.
To appropriate a \$400,000 grant re	ceived from the Depart	ment of Children and Families for the	Criminal Just	ice Mental
Health, and Substance Abuse (CJA	viHSA) Reinvestment G	rant Program for the period of July 1	, 2021 to June	30, 2022.
The purpose of the funding is to pla	an, implement, or expar	nd initiatives that increase public safet	v. avert increa	sed spending on
criminal and juvenile justice system	ns, and improve the acc	essibility and effectiveness of treatme	ent services for	r iuveniles who
risk of entering, the criminal or juve	se disorder, or co-occui mile justice systems	rring mental health and substance use	e disorders, ar	nd who are in, or at
Section 77.111(a) requires contrac	ts for children's service:	s to be competitively procured by KHA	A via an evalua	ated bid process.
This waiver is needed in order to all This is a continuation along with an	low KHA to direct contr	act with the agency Managed Access ted work that ended on April 30, 2021	to Child Heat	h.
Child Health was also the service p	rovider.	ted work that ended on April 30, 202 (, wnere mana	ged Access to
APPROPRIATION: Total A			as follows	
List the source <u>name</u> and pro	ovide Object and S	ubobject Numbers for each ca	tegory listed	d below:
(Name of Fund as it will appear in t	itle of legislation)			
	From:		Amount:	
Name of Federal Funding Source(s)		- Amount	
	То:		Amount:	
	From: Department of	Children and Families	A	# 400.000.00
Name of State Funding Source(s):		Department of Children and Families Kids Hope Alliance Grant Fund - Criminal Justice	_ Amount: _	\$400,000.00
	To: Reinvestment	Grant 1 of 3	Amount:	\$400,000.00
	Vide Henr Alli	Sand FOR June 19 Day 19 A		
Name of City of Jacksonville	From: Intervention	ance Fund ESP- Juvenile Prevention &	Amount:	\$85,000.00
Funding Source(s):	Kids Hope Allia	ance Grant Fund - Criminal Justice		
	To: Reinvestment		Amount:	\$85,000.00
Name of Contribution(s):		·		
	From:		_ Amount: _	
	То:		Amount:	
Name 9 Number of David	F			
Name & Number of Bond Account(s):	From:		- Amount: -	
	То:		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 \$400,000 per year for three years from the Department of Children and Families for the Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant Program. KHA will be providing \$85,000 cash match to this grant. The grant period is July 1, 2021 to June 30, 2022. The grant will provide services for youth who reside in Duval County with substance abuse and mental health problems that are at risk for entry into the criminal or juvenile justice systems.

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

ACTION ITEMS: Yes Emergency?	No	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Fortunal on Obsta		
Federal or State Mandate?	×	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year		Note: If yes, note must include explanation of all-year subfund carryover
Carryover?	x	language.
CIP Amendment?	×	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid- year amendment.
Contract / Agreement Approvat?	×	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?
		KHA will provide oversight, OGC will draft provider contract, Execution authority for KHA is provided in Section 77.109(a)(3), Ordinance Code.
Related RC/BT? x		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? x		Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
		Section 77.111(a) requires contracts for children's services to be competitively procured by KHA via an evaluated bid process. This waiver is needed in order to allow KHA to direct contract with the agency Managed Access to Child Heath.
Code Exception?	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

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Related Enacted Ordinances?	x	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 CONTINU		rpose / Check List. If "Yes" please provide detail by attaching reach.
ACTION ITEMS: Yes Continuation of Grant?	No x	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? Reporting Requirements?	x	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 reports.
Division Chief:	2	(signature) Date: 7//3/2/
Prepared By:	J	(signature) Date: 7/13/21

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325				
Thru:					
	(Name, Job Title, Department)				
	Phone:	-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		hael Weinstein, CEO, Kids Hope Alliance			
Contact:	(Name, Job Title, Department)				
	Phone: (904) 255-4477 E	-mail: mweinstein@coj.net			
CC:	Leeann Krieg, Director of Intergovern	mental Affairs, Office of the Mayor			
	Phone: (904) 255-5015	-mail: leeannK@coj.net			
COU	NCIL MEMBER / INDEPENDENT AGI	ENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
т	Decree Olderen Off (O. 10)				
То:	Peggy Sidman, Office of General Cor Phone: 904-255-5055				
	1 Holle. <u>904-255-5055</u>	-mail: psidman@coj.net			
From:					
	Initiating Council Member / Independent Agen				
	Phone:E	-mail:			
Primary					
Contact:	(Name, Job Title, Department)				
	Phone:E	-mail:			
CC:	Leeann Krieg, Director of Intergovern				
		-mail: LeeannK@coj.net			
Logiclatic	on from Indopondent Agencies require				
	g the legislation.	s a resolution from the Independent Agency Board			
	dent Agency Action Item: Yes	No			
	Boards Action / Resolution? x	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			
		June 30, 2021 and February 17, 2021 Board Meeting action			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED