

LEGISLATIVE FACT SHEET

DATE: August 29, 2011

BT OR RC NUMBER: BT12-015
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): JFRD/Emergency Preparedness

PURPOSE/SUMMARY:

To appropriate grant funds from the US Department of Homeland Security- State Homeland Security Grant Program via a pass through Subrecipient Agreement between COJ/JFRD and State of Florida Department of Financial Services CFA 97.067 Grant Number:11-DS-9Z-13-00-16-436. This grant funds the operational readiness needs for the JFRD Hazardous Materials Team (HM3A) and the JFRD Urban Search and Rescue Team (FL-TF5).

APPROPRIATION : Total Amount Appropriated: \$ 255,769.00 as follows:

(Name of Fund as it will appear in title of legislation) 2010-2011 STATE HOMELAND SECURITY GRANT PROGRAM; Sub-recipient contract with State of Florida

Name of Federal Funding Source: DHS; Pass through grant Amount: \$255,769.00

Name of State Funding Source: _____ Amount: \$ _____

Name of City of Jax Funding Source: _____ Amount: \$ _____

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER:

ACTION ITEMS:

Emergency?	Yes ___	No <u>x</u>	Justification: _____
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Federal or State Mandates	Yes ___	No <u>x</u>	
Fiscal Year Carryover?	Yes ___	No <u>x</u>	_____
CIP Amendment?	Yes ___	No <u>x</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>x</u>	No ___	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No <u>x</u>	
Oversight Department Required?	Yes ___	No <u>x</u>	Name of Dept. _____
Related RC?/BT?	Yes <u>x</u>	No ___	(Attach a copy)
Waiver of Code?	Yes ___	No <u>x</u>	(Identify Code Provision _____)
Code Exception?	Yes ___	No <u>x</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___	No <u>x</u>	
Surplus Property Certification?	Yes ___	No <u>x</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___	No <u>x</u>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes ___	No <u>x</u>	Date _____ Frequency _____

Add additional pages as necessary for explanation.
ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Policy
Mayor's Office, Fourth Floor, City Hall at St. James

From: Charles Moreland, Director, Fire and Rescue Department
(Name, Job Title, Department)

Phone: 904.630.0568 Fax: _____ E-mail: moreland@coj.net

Contact person: Captain William G. Estep, Homeland Security Coordinator, Emergency Preparedness
(Name, Job Title, Department)

Phone: 904.630.0593 Fax: 904.630.0600 E-mail: westep@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL
OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED