FRE030-12

LEGISLATIVE FACT SHEET

DATE: 2/13/12

BT OR RC NUMBER: BT12-048

(Administration Bills)

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

PURPOSE/SUMMARY: To appropriate funds from FEMA through the Florida Division of Emergency Management for the Citizen Corps Grant Program. This grant provides funding for the CERT and Citizen Corps programs including all equipment, instruction for training and exercises.

APPROPRIATION:	PPROPRIATION: Total Amount Appropriated: \$10,766.00 as follows:					
(Name of Fund as it will ap	s it will appear in title of legislation) Citizen Corps Program					
Name of Federal Funding So	ame of Federal Funding Source: FEMA Amount: \$ 10,766.00					
Name of State Funding Sour	Amount: \$					
Name of City of Jax Funding Source:		Amount: \$				
Name of In-Kind Contribution	Amount: \$					
Name of Bond Acct		Amount: \$				
Number						

IMPACT - FINANCIAL/OTHER: The program is an important part of Emergency Preparedness and Mitigation as it prepares citizens for being prepared to respond to a Catastrophic Incident until First Responders arrive on scene. Thus creating knowledgeable survivors who are capable of assisting victims and lessening the impact of the incident.

ACTION ITEMS:

Emèrgency?	Yes	No <u>X</u>	Justification:
Federal or State Mandates	Yes	No X	
Fiscal Year Carryover?	Yes	No _X_	
CIP Amendment?	Yes	No <u>X</u> _	(Attach CIP form)
Contract/Agreement (C/A) Approva	al Yes	No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes	No <u>X</u> _	
Oversight Department Required?	Yes	No _X	Name of Dept
Related RC?/BT?	Yes 🗶	No_ %	(Attach a copy)
Waiver of Code?	Yes	No_X_	(Identify Code Provision)
Code Exception?	Yes	No_X_	(Identify Code Provision)

(Name, Job Title, Department) Phone: Fax: E-mail: Contact person: (Name, Job Title, Department) Phone: Fax: E-mail:		Continuation Grant?	Yes \swarrow	No 🍇			
Report Required to City Council/Council Auditors Yes No_X DateFrequency ADMINISTRATION TRANSMITTAL To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325 CC: Chris Hand, Chief of Staff Mayor's Office, Fourth Floor, City Hall at St. James From: Clay Pacheco, Deputy Director/Grants Administrator, JFRD Emergency Preparedness Divisi (Name, Job Title, Department) Phone: 639-2472 Fax: 630-0600		Surplus Property Certification?	Yes	No_X	(Attach a copy)		
ADMINISTRATION TRANSMITTAL To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325 CC: Chris Hand, Chief of Staff Mayor's Office, Fourth Floor, City Hall at St. James From: Clay Pacheco, Deputy Director/Grants Administrator, JFRD Emergency Preparedness Divisi (Name, Job Title, Department) Phone: 639-2472 Fax: 630-0600 E-mail: cpacheco@coj.net Contact person: Claudia Scott, CERT/Citizen Corps Program Coordinator, JFRD Emergency Preparedness Division (Name, Job Title, Department) Phone: 630-2472 Fax: 630-0600 E-mail: cdscott@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		Related Enacted Ordinances?			Ord. # of Previous Ord.		
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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED