

# LEGISLATIVE FACT SHEET

DATE: 3/13/2012

BT OR RC NUMBER: 12-053  
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Fire and Rescue Department

## PURPOSE/SUMMARY:

Appropriate interest on the EMS County Award to purchase cardiac monitors to enhance and improve EMS Services in Duval County.

APPROPRIATION : Total Amount Appropriated: \$ 190,191.00 as follows:

(Name of Fund as it will appear in title of legislation) Emergency Services Grants- EMS

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

Name of City of Jax Funding Source: Pool Earnings- Interest Amount: \$ 190,191.00

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

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

IMPACT - FINANCIAL/OTHER: Improves Fire and Rescue services to citizens and helps in our continued effort to save lives.

## ACTION ITEMS:


Emergency?	Yes ___ No <u>x</u>	Justification: _____
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 ___ No <u>x</u>	(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 <u>x</u> No ___	
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 x Date \_\_\_\_\_ Frequency \_\_\_\_\_

**ADMINISTRATION TRANSMITTAL**

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

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

From: Martin Senterfitt, Director/Fire Chief   
Jacksonville Fire and Rescue Department

Phone: 639-7869 Fax: 630-4660 E-mail: [msenter@coj.net](mailto:msenter@coj.net)

Contact person: Ivan Mote, Division Chief of Rescue  
(Name, Job Title, Department)

Phone: 630-7872 Fax: 630-4660 E-mail: [mote@coj.net](mailto:mote@coj.net)

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**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.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**