

LEGISLATIVE FACT SHEET

DATE: March 20, 2012

BT OR RC NUMBER: 12-057
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate grant funds from FEMA Grant # EMW-2011-FO-07363, 2011 Assistance to Firefighter's Grant Program which were requested to fund the purchase of Self Contained Breathing Apparatus (SCBA) certified compressed breathing air recharge stations to be located in various JFRD fire stations. This new National Fire Protection Association (NFPA) compliant equipment will upgrade and replace currently non-National Fire Protection Association (NFPA) compliant equipment.

APPROPRIATION : Total Amount Appropriated: \$ 486,717.00 as follows:

(Name of Fund as it will appear in title of legislation) 2011 Assistance to Firefighters Grant

Name of Federal Funding Source: FEMA Amount: \$389,374.00

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

Name of City of Jax Funding Source: Reserve for Federal Funds Amount: \$97,343.00

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: _____
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: Martin Senterfitt, Director, Fire and Rescue Department
(Name, Job Title, Department)

Phone: 904.630.0568 _____ Fax: _____ E-mail: msenter@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