

LEGISLATIVE FACT SHEET

DATE: July 9, 2012

BT OR RC NUMBER: MRBC #40 (MOU for field training
and internships)
(Administration Bills)

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

PURPOSE/SUMMARY:

Jacksonville area medical educational facilities and schools including medical (physician), nursing and prehospital (EMT/Paramedic) require prehospital field education internships during their educational processes. These students ride on Fire and Rescue ambulances during this internship as a requirement for graduation. The institution is required to have all students sign a "Hold Harmless" agreement after the MOU has been executed.

Additionally, we would like for the Director/Fire Chief to receive authorization to execute all future MOU's of this type.

APPROPRIATION : Total Amount Appropriated: \$ Zero as follows:

(Name of Fund as it will appear in title of legislation) _____

Name of Federal Funding Source: _____ Amount: \$ 0.00

Name of State Funding Source: _____ Amount: \$ 0.00

Name of City of Jax Funding Source: _____ Amount: \$ 0.00

Name of In-Kind Contribution Source: _____ Amount: \$ 0.00

Name of Bond Acct _____ Amount: \$ 0.00

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 ___	No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___	No <u>X</u>	(Identify Code Provision _____)

Code Exception? Yes ___ No X (Identify Code Provision _____)
 Continuation Grant? Yes ___ No X
 Surplus Property Certification? Yes ___ No X (Attach a copy)
 Related Enacted Ordinances? Yes ___ No X 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: Chris Hand, Chief of Staff
 Mayor's Office, Fourth Floor, City Hall at St. James
 From: **Ivan T. Mote, Division Chief Rescue, Fire and Rescue**
 (Name, Job Title, Department)
 Phone: 904-630-7055 Fax: 904-630-4660 E-mail: mote@coj.net
 Contact person: **Ivan T. Mote, Division Chief Rescue, Fire and Rescue**
 (Name, Job Title, Department)
 Phone: 94-630-7055 Fax: 904-630-4660 E-mail: mote@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