

LEGISLATIVE FACT SHEET

DATE: 10/23/2012

BT OR RC NUMBER: 13-007
(Administration Bills)

SPONSOR Jacksonville Fire and Rescue, Emergency Preparedness Division

PURPOSE/SUMMARY: Authorize the redistribution of funds for the 2010 Urban Areas Security Initiative Homeland Security Grants within specific city accounts. The movement of funds is due to the cancellation of two major projects and reduction in expenses for other projects. This caused the reprioritization of funds within the grants, primarily from professional services and costs for grant funded employees, rental fees, purchase of capital equipment. The reprioritized funds have been approved by the Urban Area Working Group (UAWG) and State Administrative Agency.

APPROPRIATION : Total Amount Appropriated: \$ 1,089,492.00 as follows:

(Name of Fund as it will appear in title of legislation) 2010 UASI Grant Reprioritization

Name of Federal Funding Source: 2010 Urban Area Security Initiative Amount: \$1,089,492.00

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: Movement of money to the identified accounts is essential to meet the priorities as set forth by UAWG, which is the local grant governing committee.

ACTION ITEMS:

Emergency?	Yes _____	No <u>X</u>
Federal or State Mandates	Yes <u>X</u>	No _____
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 _____	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, Budget Division, Suite 325

CC:

From: Martin Senterfitt
Director – Jacksonville Fire and Rescue Department
(Name, Job Title, Department)

Phone: 630-0568 Fax: 630-0521 E-mail: msenter@coj.net

Contact person: Martin Senterfitt
Director – Jacksonville Fire and Rescue Department
(Name, Job Title, Department)

Phone: 630-0568 Fax: 630-0521 E-mail: msenter@coj.net

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

To:

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