## **LEGISLATIVE FACT SHEET**

<b>DATE</b> : <u>11-05-2012</u>	BT OR RC NUMBER: 13-015 (Administration Bills)
SPONSOR (Department/Division/Agency/ <u>Division</u>	/Council Member): <u>JFRD/Emergency Preparedness</u>
Management (DEM) for Repetitive Flood Cl for a Property Acquisition/ Demolition of Str property owners Mrs. Barbara Murray at 684 Suchey at 6817 Bakersfield Drive. Both pro- enter into agreement with the owners with Fl demolish structures and slabs, and remove de-	aim (RFC) mitigation project. This grant provides funding ructures project between the City of Jacksonville, and 7 Bakersfield Drive, and Mr. and Mrs. David and Joanne perties have sustained repetitive flooding. The City will EMA grant funding, for the expenses to acquire properties, ebris associated with the project and file a perpetual operty. FEMA will pay 100% of the project expenses
APPROPRIATION: Total Amount Appro	priated: \$ <b>\$555,030.00</b> as follows:
(Name of Fund as it will appear in title of le	egislation) _ FEMA Repetitive Flood Claim Grant/Property
Acquisition and Demontion of Structures	Mitigation Project at 6847 and 6817 Bakersfield Drive.
Name of Federal Funding Source: FE	MA Amount: \$ \$555,030.00
Name of State Funding Source:n/a	Amount: \$
Name of City of Jax Funding Source:Name of In-Kind Contribution Source:	_n/a Amount: \$ _n/a Amount: \$
Name of Bond Acctn/a	Amount: \$
Number	
eliminate the long-term risk of flood dama reduce claims under the National Flood In	tion grant programs provide funding to reduce or age to repetitive loss structures. The grants further assurance Program (NFIP) and improve Jacksonville's and (CRS) and the Local Mitigation Strategy (LMS) for
ACTION ITEMS:	
Emergency?	Yes No _X Justification:
Federal or State Mandates	Yes No _X_
Fiscal Year Carryover?	Yes _X No
CIP Amendment?	Yes No _X (Attach CIP form)
Contract/Agreement (C/A) Approval	Yes _X No (Attach a copy only)
C/A negotiations on-going?	Yes No _X

	Oversight Department Required? Related RC?/BT? Waiver of Code? Code Exception? Continuation Grant? Surplus Property Certification? Related Enacted Ordinances?	Yes _X_ No_	(Attac X (Identi X_ (Identi X_ (Attac X_ (Attac	ify Code Provision) ify Code Provision)		
	Report Required to City Council/Co		Date	Frequency		
	ADMINIST	RATION TRA	NSMITTA	AL.		
To:	MBRC, c/o Roselyn Chall, Budget	Division, Suite 32	25			
CC:	Chris Hand, Chief of Staff Mayor's Office, Fourth Floor, City Hall at St. James					
From:	(Name, Job Title, Department)					
	Phone:	Fax:		E-mail:		
Contac	Ct person:(Name, Job Title, Departm Phone:	ent)		E-mail:		
	COUNCIL MEMBER / INDE OFFIC Peggy Sidman (630-4647), Office of Suite 480, City Hall at St. James	CER TRANSI	<u> MITTAL</u>	CONSTITUTIONAL		
From:	(Name, Job Title, Department)					
	Phone:			E-mail:		
Conta	ct person:					
	ct person:(Name, Job Title, Departm Phone:	nent) Fax:		E-mail:		
	ation from Independent Agencies receiving the legislation.					

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED