

# LEGISLATIVE FACT SHEET 2013-0133

DATE: 1/7/2013

BT OR RC NUMBER: BT 13-033  
(Administration Bills)

**SPONSOR** (Department/Division/Agency/Council Member): Jacksonville Fire and Rescue, Emergency Preparedness Division

**PURPOSE/SUMMARY:** This modification to City Contract 9041-55 is being requested to change the amount and a deliverable date from \$6,750 to \$15,000 and from April 30, 2013 to June 30, 2013. All other terms and conditions remain in effect.

**APPROPRIATION:** Total Amount Appropriated: \$8,250.00 as follows:

**(Name of Fund as it will appear in title of legislation) 2011 CERT Grant**

Name of Federal Funding Source: Dept. of Homeland Security Amount: \$8,250.00

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:** This is to supply CERT members with FRS/GMRS radios to enhance communication during events and disasters.

**ACTION ITEMS:**

Emergency?	Yes ___ No <u>x</u>	Justification: _____
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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 <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 <u>x</u>	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: Michael Jacobsen  
Director – Fire and Rescue Department, Emergency Preparedness Division  
(Name, Job Title, Department)

Phone: (904) 630-2472 Fax: (904) 630-0600 E-mail: Mjacobsen@coj.net

Contact person: Michael Jacobsen  
Director – Fire and Rescue Department, Emergency Preparedness Division  
(Name, Job Title, Department)

Phone: (904) 630-2472 Fax: (904) 630-0600 E-mail: Mjacobsen@coj.net

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**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.

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