

LEGISLATIVE FACT SHEETDATE: 3/7/2013BT OR RC NUMBER: 13-045
(Administration Bills)SPONSOR (Department/Division/Agency/Council Member): Jacksonville Fire and Rescue, Emergency Preparedness Division

PURPOSE/SUMMARY: This is to appropriate funds from DHS for the continuation of our Metropolitan Medical Response System, MMRS, Grant.

APPROPRIATION: Total Amount Appropriated: \$281,693.00 as follows:(Name of Fund as it will appear in title of legislation) 2011 MMRS GrantName of Federal Funding Source: Dept. of Homeland Security Amount: \$281,693.00

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:

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 <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: William Estep
Deputy Director – Fire and Rescue Department, Emergency Preparedness Division
(Name, Job Title, Department)

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

Contact person: William Estep
Deputy Director – Fire and Rescue Department, Emergency Preparedness Division
(Name, Job Title, Department)

Phone: (904) 630-2472 Fax: (904) 630-0600 E-mail: WEstep@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