

LEGISLATIVE FACT SHEET 2014-0087

DATE: 1/13/2014

BT OR RC NUMBER: BT 14-030
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): JFRD, Emergency Preparedness

PURPOSE/SUMMARY:

To appropriate \$1,000,000 in Port Security Grant Funds for CIP project. –
Warehouse Hardening and Renovations of existing building located at 909 Haines Street.

APPROPRIATION : Total Amount Appropriated: \$ \$1,000,000 as follows:

(Name of Fund as it will appear in title of legislation) 2013 Port Security Grant

Name of Federal Funding Source: Port Security Grant Amount: \$ 750,000

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

Name of City of Jax Funding Source: Reserve For Federal Programs Amount: \$ \$250,500

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

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER:

City Budget # FRE043-14 Federal Contract #: EMW-2013-PU0058-SO1

This grant was awarded to assist in the hardening of a facility that could house disaster related response equipment that may be needed in the event of a disaster at or near the Port of Jacksonville. Partnering with the Port Authority, the COJ will benefit in having additional funding available for continued renovations of the facility.

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 <u>X</u> No ___	(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 ___ No <u>X</u>	(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 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: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

**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