

LEGISLATIVE FACT SHEET 2014-0432

DATE: May 23, 2014

BT OR RC NUMBER: 14-079
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): JFRD/EPD

PURPOSE/SUMMARY: To appropriate federal funds awarded to the Consolidated City of Jacksonville by the State of Florida Division of Emergency Management, through the State Homeland Security Grant HM/USAR.

APPROPRIATION : Total Amount Appropriated: \$ 70,000.00 as follows:

(Name of Fund as it will appear in title of legislation) Emergency Management Performance Grant (EMPG) funds

Name of Federal Funding Source: SHSGP Amount: \$70,000
 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: These grant funds will provide resources needed to meet the requirements of the State approved 2014-2015 Emergency Management Scope of Work outlined in the 2014-15 SHSGP grant program.

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 ___	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>✓</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>	
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: Chris Hand, Chief of Staff
Mayor's Office, Fourth Floor, City Hall at St. James

From: Steven Woodard, Director Emergency Preparedness Division
(Name, Job Title, Department)

Phone: 2553123 Fax: 630-0600 E-mail: swoodard@coj.net

Contact person: Roderick Moore, Grant Manager, Emergency Preparedness Division
(Name, Job Title, Department)

Phone: 255-3120 Fax: 630-0600 E-mail: rwmooore@coj.net

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

To: 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