

LEGISLATIVE FACT SHEET 2015-0142

DATE: 02/09/15

BT or RC No: _____
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate funds from FEMA through the Florida Division of Emergency Management for the Hazard Mitigation Grant Program (HMGP). This grant provides FEMA funding to complete the Wind Retrofit Project at City of Jacksonville 9 Fire Stations for the expenses of permitting, labor and materials to install protective missile-impact resistant coverings at Fire Stations 10, 14, 18, 21, 22, 23, 24, 31, and 41. Required matching funds to be provided by the Jacksonville Fire and Rescue Department. State Project Number 1785-42-R). This appropriation is a contract modification to increase Federal funding for the project.

APPROPRIATION: Total Amount Appropriated: **\$119,126.00** as follows:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source: <u>FEMA</u>	Amount:	<u>\$89,344.00</u>
Name of State Funding Source: _____	Amount:	_____
Name of City of Jax Funding Source: <u>Reserve for Federal Funds</u>	Amount:	<u>\$29,782.00</u>
Name of In-Kind Contribution: _____	Amount:	_____
Name of Bond Acct: _____	Amount:	_____
Bond Account Number: _____		

IMPACT - FINANCIAL / OTHER:

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: <u>Fire and Rescue</u>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Identify Code: _____
Continuation of Grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Steven Woodard, Division Chief of Emergency Preparedness, JFRD

(Name, Job Title, Department)

Phone: (904) 255-3123

E-mail: swoodard@coj.net

Contact Laura D'Alisera, Emergency Preparedness Planner Supervisor, JFRD

Person: (Name, Job Title, Department)

Phone: (904) 255-3115

E-mail: lauraad@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

Contact _____

Person: (Name, Job Title, Department)

Phone: _____

E-mail: _____

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED