

LEGISLATIVE FACT SHEET

2015-0143

DATE: 01-26-15

BT OR RC NUMBER: RC15103
BT15037
(Administration Bills)

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

PURPOSE/SUMMARY: To appropriate \$225,000.00 for the 100 Resilient Cities Initiative grant award. The funding will be split across two fiscal years to fund a portion of the salaries and benefits of the position of the Chief Resilience Officer and to fully fund the position of Deputy Chief Resilience Officer.

APPROPRIATION: Total Amount Appropriated: \$ 225,000.00 as follows:

(Name of Fund as it will appear in title of legislation). 100 Resilient Cities Grant Fund

Name of Federal Funding Source: _____ Amount: _____
Name of State Funding Source: _____ Amount: \$ _____
Name of City of Jax Funding Source: _____ Amount: \$ _____
Name of Non-Government Funding Source: 1st 2 years Amount: \$225,000.00
Name of In-Kind Contribution Source: Property Owner 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 <u>X</u>	No ___	_____
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 <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 ___	No <u>X</u>	first year of this grant

Surplus Property Certification? Yes ___ No X (Attach a copy)
Related Enacted Ordinances? Yes ___ No X Ord. # of Previous Ord.

Report Required to City Council/Council Auditors
Yes ___ No ___ Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Policy
Mayor's Office, Fourth Floor, City Hall at St. James

From: **Steve Woodard, Director, JFRD Emergency Preparedness Division**
(Name, Job Title, Department) 

Phone: 255-3123 Fax: 630-0600 E-mail: swoodard@coj.net

Contact person: **Steve Woodard, Director JFRD Emergency Preparedness Division**

(Name, Job Title, Department)
Phone: 255-3123 Fax: 630-0600 E-mail: swoodard@coj.net

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: Steve Woodard, Director / Emergency Management
(Name, Job Title, Department)

Phone: 904-255-3123 Fax: _____ E-mail: swoodard@coj.net

Contact person: Steve Woodard, Director / Emergency Management
(Name, Job Title, Department)

Phone: 904-255-3123 Fax: _____ E-mail: swoodard@coj.net

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED