

LEGISLATIVE FACT SHEET

2015-0166

DATE: 01/21/15

BT or RC No: BT 15043
(Administration Bills)

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

PURPOSE/SUMMARY:

Appropriate funds to implement the following: (a) acquire one repeatedly flooded and damaged property at 3804 and 3806 Boone Park Avenue through the Severe Repetitive Loss (SRL) program to continue to restore the health of the floodplain in the vicinity of Little Fishweir Creek; (b) enter into agreement with Linda Strickland, owner, for the expenses to acquire the property, demolish structures and slabs, and remove debris associated with the project; and, (b) file a perpetual Open/Space Conservation easement as required by FEMA. FEMA will pay 100% of the costs of the project as the Federal Share. The property owner will not have a Local Share of project expenses. **The City has no funds invested in this project.**

APPROPRIATION: Total Amount Appropriated: \$365,000.00 as follows:
 (Name of Fund as it will appear in title of legislation) FEMA 3804 and 3806 Boone Park Avenue Severe Repetitive Loss Project/Property Acquisition and Demolition of Structures

Name of Federal Funding Source: <u>FEMA</u>	Amount: <u>365,000.00</u>
Name of State Funding Source: <u>n/a</u>	Amount: _____
Name of City of Jax Funding Source: <u>One Property Owner - see Attachment A for financial breakout</u>	Amount: <u>0.00</u>
Name of In-Kind Contribution: <u>n/a</u>	Amount: _____
Name of Bond Acct: <u>n/a</u>	Amount: _____
Bond Account Number: <u>n/a</u>	_____

IMPACT - FINANCIAL / OTHER:

The City of Jacksonville has no funding committed to this program. The acquisition/demolition of structures provides 100% feeective mitigation by removing structures and slabs from the floodplain. The grants further reduce claims under the National Insurance Flood Program (NFIP) and improve the City's rating through the Community Rating System (CRS) and the Local Mitigation Strategy (LMS) for floodplain and mitigation management.

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input 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 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>JFRD/Division of Emergency Preparedness</u>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(Attach a copy) <u>ATTACH RC/ATTACH BT</u>
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 type="checkbox"/>	<input checked="" type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
Report Required to City Council or	<input type="checkbox"/>	<input type="checkbox"/>	

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, Chief, Division of Emergency Preparedness, JFRD

(Name, Job Title, Department)

Phone: 904-255-3110

E-mail: swoodard@coj.net

Contact Laura Black, Mitigation Planner, Division of Emergency Preparedness, JFRD

Person: (Name, Job Title, Department)

Phone: 904-255-3113

E-mail: lblack@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