LEGISLATIVE FACT SHEET 2015-0341

B.T. 15-055

DATE:	05/06/15			BT or RC No:	R.C.	15-145
				(Administration Bi	ills)	
SPONSOR:	JFRD/Division of E	mergen	cy Pre	paredness		
*****		(Dep	artment	/Division/Agency/Council Memb	er)	
	AA DV					
PURPOSE/SUMN						
Severe Repetitive Los health of the floodplai one (1) Program Supp agreement with the or associated with the pi this project. FEMA wi grant category the pro	es (SRL) and FEMA Florn in the Wills Branch Coort Aide, to assist with whers for the expenses roject; and, (d) file a pell pay either 100%, 90°	ood Mitiga Freek Bra the prog to acqui rpetual C %, or 75% fied for by	ation As nch Rep ram dut re the po open/ Sp of the y FEMA	(6) repeatedly flooded and dama sistance Program (FMAP) to conceptive Loss Area; (b) authorize ies for acquisition and demolition roperty, demolish structures and pace Conservation easement as costs of the project as the Fede. The property owner will pay eich din this project.	ntinue the res part-time hou in activities; (of dislabs, and re required by fi ral Share, de	toration of the ars equivalent to be enter into emove debris FEMA as part of pending on the
APPROPRIATION	N: Total Amount A	Appropr	iated:	\$1,329,439.48	as follows	:
	vill appear in title of leg		FEMA \	Wills Branch Creek Repetitive Loss tion of Structures at Six Addresses		
Name of Federal Fund	ding Source: Flood Mit	igation As	sistance	Program (FMAP)	Amount:	1,188,253.56
Name of State Funding	ig Source: n/a		······································		Amount:	
	Six Lo			ers - see Attachment A for	A t-	141 105 02
Name of City of Jax F	**************************************	cial breakd	out		Amount:	141,185.92
Name of In-Kind Cont					Amount: _	
Name of Bond Acct: n	/a				Amount:	
Bond Account Number	r: <u>n/a</u>					
IMPACT - FINANC	CIAL / OTHER:		-			
alternative provides 1 reduce claims under t	00% effective mitigation he National Flood Insu	n by rem rance Pr	oving st ogram (gram. The acquisition/demolitic ructures and slabs from the floo NFIP) and improve the City's rat) for foodplain and mitigation m	dplain. The g ting through t	grants further
ACTION ITEMS:		Yes	No			
Emergency?			X	Justification of Emergency:		
Federal or State			X			
Fiscal Year Carry		X		(1)		
CIP Amendment		├ ₩	X	(Attach CIP Form(s))		
	nent (C/A) Approval?	X		(Attach a copy)		
C/A Negotiations Oversight Depart		H	X	Name of Dept.: JFRD/Divisio	n of Emorgor	nov Prenarednosa
Related RC/BT?	ment nednied;	X	\vdash	(Attach a copy) ATTACH BT	n or cinerger	icy r reparedness
Waiver of Code?		H	X	Identify Code:		
Code Exception?		\vdash	$\frac{\lambda}{X}$	Identify Code:		
Continuation of G	irant?	\vdash	X	Annual Control of the		un egyptisse ja kita kirki kirki kirki kirki kirki kirki sa sa Gandadi kirki kirki kirki kirki kirki kirki kir Kirki
Surplus Property			X	(Attach a copy)		

Related Enacted Ordinances? Report Required to City Council or		X	Ordinance #:	
Council Auditors?			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, Chief, Division of Emergency Preparedness, JFRD				
	(Name, Job Title, Department)				
	Phone: 904-255-3110	E-mail: <u>swoodard@coj.net</u>			
Contact Laura Black, Mitigation Planner, Division of Emergency Preparedness, JFRD					
Person	1: (Name, Job Title, Department)				
	Phone: 904-255-3113	E-mail: <u>lblack@coj.net</u>			
COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL					
To:	Peggy Sidman, Office of General C				
	Phone: 630-4647	E-mail: psidman@coj.net			
From:					
1 10111.	(Name, Job Title, Department)				
		E-mail:			
	Procedure and a supplied of the State of State o				
Contac	ot				
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