

**LEGISLATIVE FACT SHEET**

2015-0724

DATE: 09/24/15

BT or RC No: \_\_\_\_\_  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

Enact Ordinance adopting the 2015 Duval County Local Mitigation Strategy (LMS) Update for the City of Jacksonville. Required by FEMA and the State of Florida under the Disaster Mitigation Act of 2000 (Public Law 106-390); provides the legal basis for FEMA mitigation planning requirements for local governments as a condition of mitigation grant assistance. The City has no funds invested in this project.

APPROPRIATION: Total Amount Appropriated: \_\_\_\_\_ n/a as follows:

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

Name of Federal Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct: \_\_\_\_\_ Amount: \_\_\_\_\_

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

No funding through the City of Jacksonville is required for this adoption of the five-year update, as mandated by FEMA and the State for the City to remain eligible to apply for pre and post disaster funding, under a Presidentially Declared Disaster.

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 #: <u>Ordinance 2010-661-E attached for historic review</u>
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: , 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 D'Alisera, Plans Supervisor, Division of Emergency Preparedness, JFR

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.

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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED