

LEGISLATIVE FACT SHEET

2015-0732

DATE: 10/01/15

BT or RC No: _____
(Administration Bills)

SPONSOR: Jacksonville Fire and Rescue Department/Fire Prevention
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Authorization is requested for the JFHD to sponsor a Fire Explorer post allocating \$3500 from its general fund budget and establishing a self-appropriating fund to accept donations; carryover annually remaining funds used to defray the costs of uniforms, supplies, and application fees to support and expand the program.

APPROPRIATION: Total Amount Appropriated:

3,000.00
~~\$3,500.00~~ as follows:

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

Name of Federal Funding Source: _____ Amount: _____

Name of State Funding Source: _____ Amount: _____

Name of City of Jax Funding Source: General Fund Amount: ~~\$3,500.00~~ 3,000

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

Program established to train young adults, ages 14 to 20, male or female, who are interested in learning about a career in the Fire Service. The result is a program of activities that helps youth pursue their special interests, grow and develop in the emergency services industry and community.

ACTION ITEMS:

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency:

(Attach CIP Form(s))

(Attach a copy)

Name of Dept.: _____

(Attach a copy)

Identify Code: _____

Identify Code: _____

(Attach a copy)

Ordinance #: _____

Date: _____ Frequency: _____

ADMINISTRATIVE TRANSMITTAL

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

Cc: Sam Mousa, Chief Administrative Officer, Mayor's Office

From: Kurtis Wilson, Chief of the Department, Fire and Rescue

(Name, Job Title, Department)

Phone: 630-7868

E-mail: kwilson@coj.net

Contact Kurtis Wilson, Chief of the Department, Fire and Rescue

Person: (Name, Job Title, Department)

Phone: 630-7871

E-mail: kwilson@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