

LEGISLATIVE FACT SHEET 2015-0733

DATE: 10/14/15

BT
(Ad)

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

PURPOSE/SUMMARY:

Amend ordinance #21010-890 to remove "purchase of an airboat" and add "purchase of a shallow water draft boat."

APPROPRIATION: Total Amount Appropriated: _____ \$

(Name of Fund as it will appear in title of legislation) Fire Equipment
 Name of Federal Funding Source: _____
 Name of State Funding Source: _____
 Name of City of Jax Funding Source: FRCP322FE-FR0020-01
 Name of In-Kind Contribution: _____
 Name of Bond Acct _____
 Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

Purchase shallow water draft boat for water rescues in Mill Cove and Trout River to perform rescues in water less than

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergenc

 (Attach CIP Form(s))
 (Attach a copy)
 Name of Dept.:
 (Attach a copy)
 Identify Code:
 Identify Code:
 (Attach a copy)
 Ordinance #:
 Date: _____

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

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

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED