

LEGISLATIVE FACT SHEET

DATE: 03/14/16

BT or RC No: BT16-057
(Administration Bills)

SPONSOR: Fire and Rescue/Emergency Preparedness Division
(Department/Division/Agency/Council Member)

PURPOSE/SUMMARY:

Appropriate shelter retrofit funds (\$51,600) and transfer of existing retrofit funds (\$87,072) to purchase portable light towers, electrical connections, portable generators, box fans, megaphones, extension cords, air compressors and other shelter equipment for existing primary and secondary shelters in Duval County. Budget transfer also includes clean-up entries to reduce grant revenue and expense budgets by \$2,028.11 in subfund 1F2.

APPROPRIATION: Total Amount Appropriated: \$140,700.11 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: Grant: FRR003-05 in SF 64F Hurricane Public Shelter Fee Amount: \$138,672.00

Grant: FRR003-05 in SF 1F2 Prepaid Grants Amount: \$2,028.11

Name of In-Kind Contribution: _____ Amount: _____

Name of Bond Acct: _____ Amount: _____

Bond Account Number: _____

IMPACT - FINANCIAL / OTHER:

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Name of Dept.: _____
Related RC/BT?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance #: _____
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: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: Steven Woodard, Emergency Preparedness Director, Fire and Rescue Department
(Name, Job Title, Department)

Phone: 255-3123

E-mail: swoodard@coj.net

Contact John Shaw, Grant Project Administrator, Fire and Rescue Department

Person: (Name, Job Title, Department)

Phone: 255-3114

E-mail: jshaw@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