

LEGISLATIVE FACT SHEET

DATE: 08/22/16

BT or RC No: BT 16-114
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate funds from the FEMA Assistance to Firefighters (AFG) grant. This grant provides the City funding for 53 power loading stretchers which will greatly reduce the Lifting, Carrying, Holding on-the-job-injuries in the department. This grant requires a 10% City match.

APPROPRIATION: Total Amount Appropriated: \$1,586,354.00 as follows:

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

Name of Federal Funding Source: <u>FEMA</u>	Amount: <u>\$1,442,140.00</u>
Name of State Funding Source: _____	Amount: _____
Name of City of Jax Funding Source: <u>Reserve for Federal Funds</u>	Amount: <u>\$144,214.00</u>
Name of In-Kind Contribution: _____	Amount: _____
Name of Bond Acct: _____	Amount: _____
Bond Account Number: _____	

IMPACT - FINANICIAL / OTHER:

ACTION ITEMS:

	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency:
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(Attach CIP Form(s))
Contract / Agreement (C/A) Approval?	<input checked="" type="checkbox"/>	<input 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>Fire and Rescue</u>
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: Kerri Stewart, Chief of Staff, Office of the Mayor

From: Steven Woodard, Division Chief of Emergency Preparedness, JFRD
(Name, Job Title, Department)

Phone: (904) 255-3123

E-mail: swoodard@coj.net

Contact John Shaw, Emergency Preparedness Supervisor, JFRD

Person: (Name, Job Title, Department)

Phone: (904) 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