

LEGISLATIVE FACT SHEET

DATE: 12/09/16

BT or RC No: _____
(Administration & City Council Bills)

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

Contact for all inquiries and presentations Kurtis Wilson, Director/Fire Chief

Provide Name: Kurtis Wilson

Contact Number: 630-7868

Email Address: krwilson@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide: Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

This request is to grant the Director/Fire Chief authorization to execute the attached agreement between the City of Jacksonville and Big Brothers, Big Sisters of Northeast Florida. The purpose of the agreement is to allow JFRD to provide one-on-one mentoring at fire stations to high school aged students who are interested in pursuing a career in fire and rescue. Specifically, volunteers from the Jacksonville Fire and Rescue Department will provide students exposure to real-world fire and rescue environments, an opportunity to observe various aspects of fire and rescue activities at local fire stations and help develop an understanding of the many facets of JFRD's day-to-day operations. In addition, this mentoring experience will encourage high school graduation, post-secondary opportunities, strengthen academic skills, build positive interpersonal skills, and nourish self-confidence among the County's youth.

APPROPRIATION: Total Amount Appropriated: N/A as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

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

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name of State Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name of City of Jacksonville Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name of In-Kind Contribution(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name & Number of Bond Account(s)	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

No funding required to execute the agreement. No match required to execute the agreement. This is an annual agreement with the Big Brothers, Big Sisters of Northeast Florida to begin a mentoring program at the Jacksonville Fire and Rescue Department. The staffing obligations are on a volunteer basis and there are no additional maintenance or operating costs associated with this agreement.


ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:		Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Justification of Emergency: If yes, explanation must include detailed nature of emergency. N/A
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. N/A
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Note: If yes, note must include explanation of all-year sub fund carryover language N/A
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? Agreement with Big Brothers, Big Sisters of Northeast Florida attached for execution. The Jacksonville Fire and Rescue Department will provide oversight of the program and the agreement will be sent to OGC following MBRC approval.
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. N/A
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. N/A
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper. N/A

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:		Yes	No	
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund? N/A
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating N/A

Division Chief: Kurtis Wilson
(signature)

Prepared By: 
Kurtis Wilson
(signature)

Date: 12/9/2016

Date: 12/9/2016

ADMINISTRATIVE TRANSMITTAL

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

Thru: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

From: Kurtis Wilson, Director/Fire Chief
Initiating Department Representative (Name, Job Title, Department)
Phone: 630-7868 E-mail: krwilson@coj.net

Primary Contact: Kurtis Wilson, Director/Fire Chief
(Name, Job Title, Department)
Phone: 630-7868 E-mail: krwilson@coj.net

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 E-mail: psidman@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: akshelton@coj.net

Legislation from independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: Yes No
Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED