

LEGISLATIVE FACT SHEET

DATE: 01/19/17

BT or RC No: BT 17-068
(Administration & City Council Bills)

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

Contact for all inquiries and presentations: James Schaudel

Provide Name: James Schaudel

Contact Number: 904-255-3116

Email Address: schaudel@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 legislation appropriates funds to the shelter retrofit account to purchase cots and shelter supplies for existing primary and secondary hurricane shelters in Duval County, Florida. These supplies are used to support emergency sheltering of Duval County citizens in the event of a natural or man-made disaster at primary and secondary shelters. Lessons learned from Hurricane Matthew revealed that the existing inventory of cots was not adequate to meet the needs of the amount of citizens seeking shelter. Several existing cots were damage beyond repair during Hurricane Matthew sheltering. The funds for this request are for non-capital equipment, such as cots, blankets and other shelter supplies.

The cots will be preassembled, stored on pallets and ready for deployment from the Duval County Public Schools Consolidated Services Department Warehouse. Blankets and other shelter supplies will be stored at the City's Port Security Disaster Operations Warehouse and deployed as necessary. Once arriving at a shelter, cots, blankets and shelter supplies can be used. Shelters will be opened based upon the needs of the community, and the nearest approved shelter to a citizen's residence is not guaranteed to be open. Information about open shelters will be communicated through the Public Affairs Office and the Jacksonville Emergency Operations Center. The approved hurricane shelters consist of the following locations:

- FSCJ Cecil Center North Building
- Chaffee Trail Elementary School
- Westview K-8 School
- Chimney Lakes Elementary School
- Crystal Springs Elementary School
- The Legends Center
- Oceanway Middle School
- Oceanway Elementary School
- Andrew A. Robinson Elementary
- LaVilla School of the Arts
- Woodland Acres Elementary
- Douglas Anderson School
- Mandarin Oaks Elementary
- Mandarin Middle School
- Greenland Pines Elementary
- Arlington Middle School
- Landmark Middle School
- Don Brewer Elementary
- Twin Lakes Academy Elementary
- Atlantic Coast High
- Bartram Springs Elementary
- Sabal Palm Elementary

APPROPRIATION: Total Amount Appropriated: \$12,900.00 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: Nocatee DRI	Amount: \$12,900.00
	To: FREP64FHPSF-FRR003-05 Hurricane Public Shelter Fee	Amount: \$12,900.00
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.)

Funds are coming from Nocatee Development of Regional Impact fund and are transferred to the Shelter Retro Fit fund on a quarterly basis. The allocation above is for quarters ending September and December 2016. No match is required and there are no ongoing maintenance costs associated with the proposed purchase of cots and supplies for the shelters. The purchased equipment will be subject to readiness checks designed to confirm the continued functionality of the equipment. These items will not require ongoing maintenance. Oversight will be completed by the Emergency Preparedness Division.

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. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
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 type="checkbox"/>	<input checked="" 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? <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
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. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input 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. <div style="border: 1px solid black; padding: 5px;">Ord 2012-73-E</div>

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?

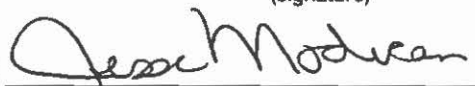
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

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 reports.

Division Chief: 
(signature)

Date: 2-8-17

Prepared By: 
(signature)

Date: 2/8/17

ADMINISTRATIVE TRANSMITTAL

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

Thru: Kurtis R. Wilson, Director/Fire Chief, JFRD
(Name, Job Title, Department)
Phone: 904-630-7873 E-mail: KRWilson@coj.net

From: Steve Woodard, Director, Emergency Preparedness Division
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-3123 E-mail: SWoodard@coj.net

Primary Contact: James Schaudel, Captain, JFRD
(Name, Job Title, Department)
Phone: 904-255-3116 E-mail: Schaudel@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