

# LEGISLATIVE FACT SHEET

DATE: 09/14/17

BT or RC No: BT17-144  
(Administration & City Council Bills)

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

Contact for all inquiries and presentation: JFRD

Provide Name: LT Jesse Modican / Emergency Preparedness Division

Contact Number: 904-255-3119

Email Address: jmodican@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.)

The City of Jacksonville's Emergency Preparedness Division is requesting legislation for the FY17 Hazardous Analysis grant contract from the Florida Division of Emergency Management. This grant pays part of the salary and benefits for a planner assigned to the Emergency Preparedness Division who has the responsibility to complete a Hazardous Analysis survey on designated facilities located within Duval County. This is an annual process that allows continued evaluation of designated facilities which provides information to City of Jacksonville and the facility that references the compliance or non-compliance of the facility bases on the strict guidelines and requirements set forth by the Federal, State and local government. This analysis identifies the chemical inventory, the amount being stored and used, the proper or improper storage of chemicals and Hazard class with all the information gathered also requiring and onsite visit for verification.

APPROPRIATION: Total Amount Appropriated \$65,000.00  
~~-\$29,183.00~~ 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) Department of Homeland Security / FEMA

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s)	From: Florida Division of Emergency Management	Amount: \$29,183.00
	To: Fire & Rescue Grants	Amount: \$29,183.00
Name of City of Jacksonville Funding Source(s)	From: Reserve for Federal Programs	Amount: \$35,817.00
	To: Fire & Rescue Grants	Amount: \$35,817.00
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.)

The funds are coming from the Florida Division of Emergency Management and will be used to pay part of the salary and benefits for a planner assigned to the Emergency Preparedness Division who has the responsibility to complete a Hazardous Analysis survey on designated facilities located within Duval County and requires a city match. The period of performance for the grant being July 1, 2017 to June 30, 2018. There will be ongoing maintenance and staffing obligations with all reporting requirements being met by the Emergency Preparedness Division and assigned staff.

**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.

Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Explanation:** If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Note:** If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Attachment:** If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**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?

The Emergency Preparedness Division, Director, Steve Woodard, will provide oversight of the Florida Department of Emergency Management Hazardous Analysis Grant Program. OGC has reviewed this contract

Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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**Attachment:** If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Code Reference:** If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**Code Reference:** If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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**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.

**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?	x	


**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?

The funds are coming from the Florida Division of Emergency Management and will be used to pay part of the salary and benefits for a planner assigned to the Emergency Preparedness Division who has the responsibility to complete a Hazardous Analysis survey on designated facilities located within Duval County and requires a city match.

Surplus Property Certification?		x
Reporting Requirements?		x

**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

Division Chief:   
 STEVEN C. WOODMAN -  
 (signature)

Date: 9-14-17

Prepared By:   
 (signature)

Date: 9/14/17

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Jesse Modican, LT, JFRD/Emergency Preparedness Division

(Name, Job Title, Department)

Phone: 904-255-3119

E-mail: jmodican@coj.net

From: Steven Woodard, Division Chief of Emergency Preparedness, JFRD

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-255-3123

E-mail: swoodard@coj.net

Primary Contact: LT Jesse Modican, Emergency Preparedness Division, JFRD

(Name, Job Title, Department)

Phone: 904-255-3119

E-mail: jmodican@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**