LEGISLATIVE FACT SHEET

RC 18-103

DATE: 11/17/17			BT or RC No:	BT 18-04	7	
			(Administration & City Co			
SPONSOR:	Jacksonville F	ire and Rescue Department				
			(Department/Division/Agency/Council M	lember)		
Contact for all inquiries and presentations:			Kurtis Wilson Dir	ector / Fire Chief		
Provide Name:		Kurtis Wilson, Director/Fire Chief				
Contact Number:			904-630-7873	***		
Ema	Email Address:		krwilson@coj.net	_		
complete this form		gislation and the	cessary? Provide; Who, What, When, Where, Ho e Administration is responsible for all other legisla		arch will	
International Air legislation also is FY19. The FY19 equipment need	port. The legislation wil s requesting permission 9 budget will include a re ed for the new unit. O	I increase the to retain one request for on- nce the new re	ently funded by overtime to full-time unit. The FY18 Council approved General Fund - GS rescue unit currently on the FY18 B4c sche e new rescue unit (a vehicle cap increase) a escue unit is received in FY19 the rescue unares (such as radios/MTD's) will be returned	D cap in JFRD by seven positi dule (vehicle replacement scho s well as a request for various it retained from the FY18 B4c	ions. The edule) until IT / Radio	
List the source	TION: Total Amouse name and provides it will appear in title of	le Object ar	iated: \$240,232.50 nd Subobject Numbers for each cate	as follows: gory listed below:		
Name of Fodos	rol Eurodina Source/e)	From:		Amount:		
Name of Peder	al Funding Source(s):	To:		Amount:		
		From:		Amount:		
Name of State F	funding Source(s):	To:		Amount:		
Name of City of Source(s):	Jacksonville Funding	From: Con Gen	eral Fund - GSD: JFRD Overtime/JIA tribution eral Fund - GSD: JFRD Salaries and Benefits Operating Costs	Amount:	######	
		T and	Operating Costs	Filloung	THE THE	
Name of In-Kind Contribution(s):		From:		Amount:		
		То:		Amount:		
Name & Numbe	r 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 for this legislation are coming from a 50/50 JFRD and JIA contribution, totaling \$240,232.50. 50 percent, or \$120,116.25 is in the form of Revenue from JIA to the General Fund-GSD. JFRD will provide the other 50 percent, or \$120,116.25, transferred from General Fund-GSD overtime for Salaries, Benefits, and Operating Expenses. The legislation includes the addition of seven (7) new FTE's required to staff Rescue 16 at Jacksonville International Airport (JIA), which is currently being staffed with overtime. The funding does not require a match. The funding covers the salaries and benefits for seven (7) new FTE's from April 8, 2018 through Spetember 30, 2018. Ongoing maintenance and/or staffing will be addressed in the JFRD FY 18-19 budget request.							
ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.							
ACTION ITEMS: Yes	No						
Emergency?	×	Justification of Emergency: If yes, explanation must include detailed nature of emergency.					
Federal or State Mandate?	x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.					
Fiscal Year Carryover?	×	Note: If yes, note must include explanation of all-year subfund carryover language.					
CIP Amendment? Contract / Agreement	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-					
Approval? ×		going and with whom. Has OGC reviewed / drafted?					
		Interlocal Agreement Between the Jacksonville Aviation Authority and the City of Jacksonville, Florida. JFRD will have oversight. OGC has reviewd.					
Related RC/BT? x		Attachment: If yes, attach appropriate RC/BT form(s).					
Waiver of Code?	х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.					
_							
Code Exception?	X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.					
Related Enacted Ordinances?	×	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:

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.						
Grant2 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?					
Reporting 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: Mush	Date: 1-31-18 (signature) Date: 1/31/18					

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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 (Nar	me, Job Title, Department)			
	Phone: 904-630-7873	E-mail: krwilson@coj.net			
Primary					
Contact:	(Name, Job Title, Department)				
	Phone:	E-mail:			
CC:	Allison Korman Shelton, Director of	of Intergovernmental Affairs, Office of the Mayor			
	904-630-1825 E-mail: akst	helton@coj.net			
	COUNCIL MEMBER / INDEPENDE	ENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL			
To:	Possy Sidmon Office of Conoral	Council St. James Suite 490			
10.	Peggy Sidman, Office of General (Phone: 904-630-4647				
From:	Initiating Council Member / Independent Agency / Constitutional Officer				
	Phone:				
Primary					
The second second	(Name, Job Title, Department)				
	Phone:	E-mail:			
CC:					
CC.		of Intergovernmental Affairs, Office of the Mayor helton@coj.net			
	304-030-1023 E-IIIali. aksi	ieiton@coj.net			
Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the					
legislation. Independent Agency Action Item: Yes No					
морон	Boards Action / Resolution?	Attachment: If yes, attach appropriate documentation. If no, when is			
	250,007,000,77,1000,001	board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED