LEGISLATIVE FACT SHEET

DATE:	07/02/18	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:	JFRD, Emergency Prep	paredness Division
	(Department/Division/Agency/Council Member)
Contact for all	inquiries and presentations	Director of Emergency Preparedness
Provide Name		Steve Woodard
Cont	act Number:	904-255-3123
Ema	il Address:	Swoodard@coj.net
Research will comp		necessary? Provide; Who, What, When, Where, How and the Impact.) Council eqislation and the Administration is responsible for all other legislation.
for 2018 for adop working under the	tion and execution by Counties are most recent version of the agree	as transmitted an update to the Statewide Mutual Aid Agreement (SMAA) nd various other local agencies. To make sure that all of the counties are ement, the Florida Division of Emergency Management is requesting that ersion. The SMAA was last updated in Resolution 2001-483.

The 2018 update includes the following provisions:

Allowing the SMAA to be used for smaller events; no declaration of a state of emergency is needed for the agreement to be activated. This allows for a formal mutual aid process for the entities within Florida to use.

In using the SMAA for mutual aid, the requesting entity agrees to reimburse the assisting party per the terms of reimbursement in the SMAA. However, if the terms for reimbursement are to vary from the provisions of the SMAA, this needs to be specified via the Form B, and signed off by both parties prior to the assistance being rendered.

 APPROPRIATION:
 Total Amount Appropriated
 \$0.00
 as follows:

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

(Name of I	Fund as it	will appear in	n title of legislation)	
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Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	To:	Amount:
Name of In-Kind Contribution(s)	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount
Account(s):	To:	Amount:

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

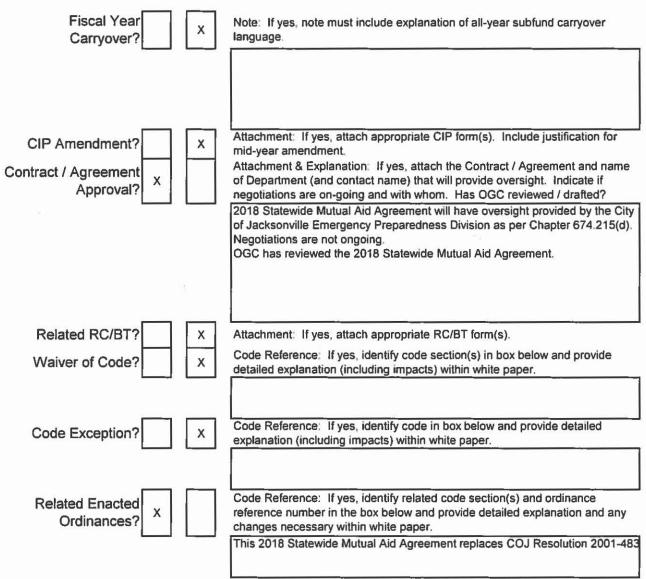
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation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

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

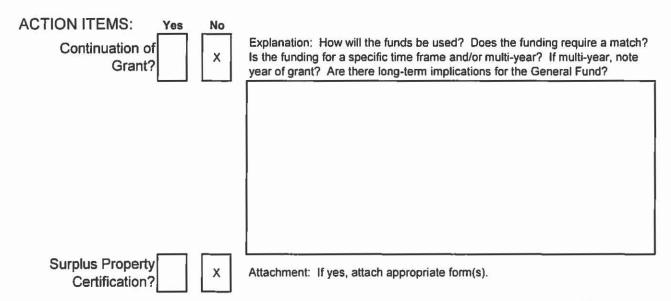
When another entity requests mutual aid from the City of Jacksonville, and the Statewide Mutual Aid Agreement is activated, it will provide the City with a process to recoup costs associated with the mutual aid response. It is unknown how much financial impact there will be to the City or from which entity the funds will be reimbursed.

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

ACTION ITEMS: Yes Emergency?	No X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State X		Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
		The State Emergency Management Act, as codified in Chapter 252, Florida Statutes, authorizes the State and its political subdivisions to develop and enter into mutual aid agreements for reciprocal emergency aid and assistance in case of emergencies too extensive to be dealt with unassisted. Florida Statute Title XVII Chapter 252 Emergency Management



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



Reporting x Requirements?	and frequency of reports, including (include contact name and telephor Chapter 674.202(b) The Security and Council shall review and comment	ng City Council / Auditor) to receive reports when reports are due. Provide Department the number) responsible for generating and Emergency Preparedness Planning to the Council on all mutual aid plans and that are proposed for approval by the Council redness plan.
Division Chief:	(signature)	Date: 7.5.2018
Prepared By:	 (signature)	Date: 7.5.2018

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	
	(Name, Job Title, Department)
	Phone: E-mail:
From:	
	Initiating Department Representative (Name, Job Title, Department)
	Phone: E-mail:
Primary	
Contact:	(Name, Job Title, Department)
	Phone: E-mail:
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: JElsbury@coj.net
COUN	CIL 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:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: JElsbury@coj.net
Logiclati	on from Independent Agencies requires a resolution from the Independent Agency Reard
-	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.
	dent Agency Action Item: Yes No
E	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

LEGISLATIVE FACT SHEET

Dept. #

Bill Number: 01-483 Date:

BT or RC Number:

Fund/Department/Division/Activity: Fire/Rescue Department/Emergency Preparedness Division

Federal or State Mandates: Rule 9G-19, Florida Administrative Code

PURPOSE/SUMMARY:

Authorize signature of a Statewide Mutual Aid Agreement. The City signed the existing Statewide Mutual Aid Agreement in 1994. This new agreement adds special districts, such as Water Management Districts, to the agreement that already included Cities and Counties.

FUNDING: Net Amount Appropriated:

From Account #

Source:

IMPACT - FINANCIAL/OTHER:

Executing the agreement includes the City in a statewide plan for assistance in a disaster. Failure to execute the agreement means the City must execute agreements with other governmental bodies for disaster assistance.

ACTION	REQUESTED:
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Emergency:

Routine: X

Justification of Emergency:

(Please Complete and Return Immediately)

To: Eric B. Green, - Deputy Chief Administrative Officer 4th Floor, City Hall

From: Robert M. Patterson, Division Chief, Emergency Preparedness Division

Contact Person: Robert M. Patterson, Jr. Telephone: 630-2472 Fax: 630-7820

FACT SHEET REQUIRED BEFORE LEGISLATION IS INTRODUCED