## **LEGISLATIVE FACT SHEET**

DATE:	10/25/18	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:		FIRE AND RESCUE
0. 0007		(Department/Division/Agency/Council Member)
Contact for a	all inquiries and present	tations Keith Powers
Provide Nan	ne:	Keith Powers
Co	ntact Number:	630-7868
Em	nail Address:	kpowers@coj.net
		lation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council oduced legislation and the Administration is responsible for all other legislation.
(Minimum of	350 words - Maximum of	1 page.)
and Boeing to procedures for	provide fire rescue services f	the Director/Fire Chief to extend the agreement between the City of Jacksonville for flight operations at Cecil Airport. This scope of work establishes operating efighting (ARFF) services in support of ground and flight operations conducted acksonville FL.

APPROPRIATION: Total A		THE RESERVE TO THE PARTY OF THE	
	ovide Object and Subobject Numbers for ea	ten category is	sted below:
(Name of Fund as it will appear in t	itle of legislation)		
Name of Federal Funding Source(s	From:	Amount:	
	То:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
Traine of state Fariaing Source(s).	То:	Amount:	
Name of City of Jacksonville	From: FRF0011F0-36907	Amount:	\$200,000
Funding Source(s):	То:	Amount:	
Name of In-Kind Contribution(s):	From:	Amount:	
rvanie of in-rvine contribution(s).	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	То:	Amount:	

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.) ARFF services will be provided to the Boeing Company at \$200,000 annually for 24/7 coverage. This renewal period will end September 30, 2019, and the revenue will be placed in the Fire Operations Misc. Revenue sub-oject 36907 as in the past. No match is required. ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of **Emergency?** emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate X including Statute or Provision. Mandate?

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

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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement x	Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if
Approval?	negotiations are on-going and with whom. Has OGC reviewed / drafted?  MOU attached. Oversight by JFRD
	INICO diliconos.
<del></del>	
Related RC/BT? x	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide
Waiver of Code? x	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.
	explanation (motioning impacts) within write paper.
	Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
	Changes necessary within white paper.
ACTION ITEMS CONTINUED. Du	
justification, and code provisions fo	rpose / Check List. If "Yes" please provide detail by attaching r each.
ACTION ITEMS: Yes No	
Continuation of	Explanation: How will the funds be used? Does the funding require a match?
Grant? x	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?
	<b>\</b>

Surplus Property Certification?  Reporting Requirements?	Explanation: List agencies (including City Cou and frequency of reports, including when report Department (include contact name and telephore)	rts are due. Provide
7		
Division Chief:	(gignature)	Date: 10/31/2018
Prepared By:	wclass (signature)	Date: 193918

## **ADMINISTRATIVE TRANSMITTAL**

	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325	
Thru:	Kurtis Wilson, Director/Fire Chief	
	(Name, Job Title, Department)	_
	Phone: 904-630-7868 E-mail: <u>krwilson@coj.net</u>	
From:	Keith Powers, Chief of Operations	
	Initiating Department Representative (Name, Job Title, Department)	
	Phone: 904-630-7871	
Primary	Notific Gradier of Control of Con	
Contact:	(Name, Job Title, Department)	
	Phone: 904-630-7871	_
CC:	Jordan Elsbury, Intergovernmental Affairs Liaison, 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:	Phone: 904-630-4647 E-mail: psidman@coj.net	_
From:	Phone: 904-630-4647 E-mail: psidman@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer	_
From:	Initiating Council Member / Independent Agency / Constitutional Officer	_ _
	Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:	_ _ _
Primary	Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:	
Primary	Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:	_
Primary	Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:  (Name, Job Title, Department)	_
Primary Contact:	Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:  (Name, Job Title, Department) Phone: E-mail:	
Primary Contact:	Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor	
Primary Contact: CC:	Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor  904-630-1825 E-mail: jelsbury@coj.net	
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Primary Contact: CC: Legislati approvin	Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor  904-630-1825 E-mail: jelsbury@coj.net  ion from Independent Agencies requires a resolution from the Independent Agency Board	
Primary Contact: CC: Legislati approvin	Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:  (Name, Job Title, Department)  Phone: E-mail:  Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor  904-630-1825 E-mail: jelsbury@coj.net  ion from Independent Agencies requires a resolution from the Independent Agency Board ag the legislation.	

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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