

LEGISLATIVE FACT SHEET

DATE: 12/13/18

BT or RC No: _____
(Administration & City Council Bills)

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

Contact for all inquiries and presentations Gail Loput

Provide Name: JFRD

Contact Number: (904) 997-4947

Email Address: Gloput@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.)

Request is made to authorize the Chief of Training to execute an agreement with the National Testing Network to conduct entry level testing, recruitment services and Candidate Physical Abilities Testing (CPAT) in a standardized, professional environment. With execution of this agreement the Jacksonville Fire and Rescue Department (JFRD) will be implementing the Candidate Physical Ability Test (CPAT) for all entry-level firefighters. The revenue received from the applicant's who wish to train and/or take the CPAT, will be used to cover the cost of equipment and facility improvement, repair, and maintenance, and to purchase additional equipment necessary to continue using the Candidate Physical Ability test for new hires. The CPAT commission rate per candidate is \$100 per test and \$25 for practice tests. The commission provided the Fire and Rescue Department is \$102 per test and \$30 per practice tests.

APPROPRIATION: Total Amount Appropriated: \$30,000.00 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: CONTRIBUTION FROM PRIVATE SOURCES	Amount: \$30,000.00
	To: General Fund - JFRD FIRE TRAINING SCHOOL	Amount: \$30,000.00
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
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.)

Commission fees paid by Firefighter applicants to take or practice the Candidate Physical Abilities Test will be used to replace, repair and add new equipment into the program as equipment becomes broken or needs to be repaired or the facility housing the equipment needs minor improvement. No matching funds are required. The execution of the NTN agreement and implementation of this standardized testing for new recruits will expand our applicant pool because of the standardization nationwide.

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?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

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 National Testing Network (NTN) agreement will require execution to begin the CPAT testing for new recruits.

Related RC/BT?

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

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

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:

Yes

No

Continuation of Grant?


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?


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

Reporting Requirements?

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: 
(signature)

Date: 1/10/19

Prepared By: 
(signature)

Date: 1/10/19

ADMINISTRATIVE TRANSMITTAL

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

Thru: Gail Loput, Chief of Fire Training, JFRD

(Name, Job Title, Department)

Phone: (904) 997-4947

E-mail: Gloput@coj.net

From: Kurtis Wilson, Director of Fire and Rescue, JFRD

Initiating Department Representative (Name, Job Title, Department)

Phone: 630-7873

E-mail: krwilson@coj.net

Primary Contact: Gail Loput, Chief of Fire Training, JFRD

(Name, Job Title, Department)

Phone: (904) 997-4947

E-mail: Gloput@coj.net

CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

904-630-1825 E-mail: Jelsbury@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: Gail Loput

(Name, Job Title, Department)

Phone: (904) 997-4947

E-mail: Gloput@coj.net

CC: Jordan Elsbury, Intergovernmental Affairs Liaison, Office of the Mayor

904-630-1825 E-mail: Jelsbury@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