

# LEGISLATIVE FACT SHEET

DATE: 02/01/19

BT or RC No: BT19-062  
(Administration & City Council Bills)

SPONSOR: Fire and Rescue Department  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Keith Powers

Provide Name: Keith Powers

Contact Number: 630-7868

Email Address: [kpowers@coj.net](mailto:kpowers@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 Council finds that the deferral of this amendment of the CIP until the next annual budget and CIP review will be detrimental to the best interests of the community because such deferral will delay the needed repairs to Fire Station facilities which house Fire and Rescue emergency response personnel 24/7. The purpose of this is to re-appropriate funds from Capital Improvement Projects that were certified complete by the Director of Public Works, closed and the residual balances returned to their source/sources of origin as well as General Fund debt service interest. This request is to appropriate those funds to fire station repairs. Various Fire Stations require miscellaneous repairs such as roof repairs, interior repairs/renovations, HVAC, repairs related to water intrusion, and various other repairs.

APPROPRIATION: Total Amount Appropriated: \$617,587.48 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: GF and Contingency	Amount: \$617,587.48
	To: JFRD Fire Station Repairs	Amount: \$617,587.48
Name of State Funding Source(s)	From:	Amount:
	To:	Amount:
Name of City of Jacksonville Funding Source(s)	From: Capital Subfund 32C and 32E and General Fund	Amount: \$617,587.48
	To: Capital Subfund 32E	Amount: \$617,587.48
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.)

Funding for the repair projects will come from Capital Improvement Projects that were certified complete by the Director of Public Works, closed and the residual balances returned to their source/sources of origin as well as General Fund debt service interest. The transfer of these funds will not have a financial impact. This project does not require a match and funds should carryover each fiscal year.

**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"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Fiscal Year Carryover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <p>Capital Subfunds are all-years funds</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
CIP Amendment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment &amp; 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?</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Keith Powers  
(signature)

Date: 2/5/2019

Prepared By: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Keith Powers, Chief of Operations, Jacksonville Fire and Rescue Department  
(Name, Job Title, Department)  
Phone: 630-7868 E-mail: [kpowers@coj.net](mailto:kpowers@coj.net)

From: Teresa Eichner, CIP Administrator, Budget Office  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 630-7051 E-mail: [teichner@coj.net](mailto:teichner@coj.net)

Primary Contact: Keith Powers, Chief of Operations, Jacksonville Fire and Rescue Department  
(Name, Job Title, Department)  
Phone: 630-7868 E-mail: [kpowers@coj.net](mailto:kpowers@coj.net)

CC: Jordan Elsbury, Intergovernmental Affairs Liasion, Office of the Mayor  
904-630-1825 E-mail: [jelsbury@coj.net](mailto: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](mailto: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](mailto: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**