

LEGISLATIVE FACT SHEET

DATE: 02/27/19

BT or RC No: BT19-074
(Administration & City Council Bills)

SPONSOR: JFRD/Emergency Preparedness Division
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: JFRD

Provide Name: Capt. Jesse Modican

Contact Number: 904-255-3119

Email Address: jmodican@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 City of Jacksonvilles Fire & Rescue Departments Emergency Preparedness Division has accepted of a State of Florida grant to cover cost of an Anti-Vehicle Barrier System. This system features 16 rapid deployable Anti-Vehicle Barriers on roadways and other hard surfaces, that feature single person portability, non-hydraulic design which reduces training and maintenance cost, and modular design to enable flexible configuration. This project is designed to address the new and emerging threat posed by terrorist use of vehicles to conduct attacks. This project will have a positive impact on the City by enhancing the current security measures used to protect the public during gatherings and will also serve as a model for other communities. There will be an increase of two to the JFRD EPD vehicle cap due to the barriers being transported on trailers. There is no city match.

APPROPRIATION: Total Amount Appropriated \$160,000.00 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) Department of Homeland Security / FEMA

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____

Name of State Funding Source(s)	From: Florida Division of Emergency Management	Amount: \$160,000.00
	To: City of Jacksonville Emergency Preparedness Division	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.)

<p>The funding is coming from the Florida Division of Emergency Management and there is no match required. The funding must be expended by July 31, 2019. There will be minor ongoing maintenance cost and no staffing obligations</p>
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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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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?

Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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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:

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?
Reporting Requirements?

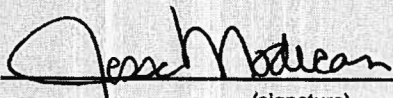
Attachment: If yes, attach appropriate form(s).

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

Capt. Jesse Modican will be responsible for reporting to the Florida Division of Emergency Management.

Division Chief: 
(signature)

Date: 2-27-19

Prepared By: 
(signature)

Date: 2/27/19

ADMINISTRATIVE TRANSMITTAL

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

Thru: Jesse Modican, Capt., JFRD/Emergency Preparedness Division
(Name, Job Title, Department)
Phone: 904-255-3119 E-mail: jmodican@coj.net

From: Steven Woodard, Division Chief of Emergency Preparedness, JFRD
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-3123 E-mail: swoodard@coj.net

Primary Contact: Capt. Jesse Modican, Emergency Preparedness Division, JFRD
(Name, Job Title, Department)
Phone: 904-255-3119 E-mail: jmodican@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, 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: _____
(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

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