

LEGISLATIVE FACT SHEET

DATE: 03/19/19

RC19-122
BT or RC No: BT19-079
(Administration & City Council Bills)

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

Contact for all inquiries and presentations: JFRD

Provide Name: Lieutenant 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 Jacksonville Fire Rescue Department has been awarded a grant by the Substance Abuse and Mental Health Service Administration (SAMHSA) titled The Safe and Healthy Neighborhoods Project. This grant will provide funding for Naloxone to help mitigate the number of overdoses, which will aid in Mayor Curry's citywide initiatives in prevention, intervention, and community health. The City of Jacksonville has established three core measurable objectives: to reduce overdose-related deaths by providing the reversal drug (naloxone) and training first responders to utilize it effectively; to connect patients and families with the most effective services for treatment; and to use data analysis and community-wide collaborative efforts to provide smarter, more effective tools, resources, and responses. Funding will provide one part-time Program Director position (1300 part-time hours), travel, operating supplies, and professional services to complete the scope of work as outlined in the award.

APPROPRIATION: Total Amount Appropriated \$380,908.00 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: Substance Abuse and Mental Health Service Administration / Department of Health and Human Services	Amount: \$380,908.00
	To: Various	Amount: \$380,908.00

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.)

The funding is coming from The Department of Health and Human Services / Substance Abuse and Mental Health Services Administration and will be used by Jacksonville Fire Rescue Department in support of The Safe and Healthy Neighborhoods Project. There is NO match required and the cost of staffing obligations will be covered by the grant.

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?

The Project Director named in the grant is Jesse Modican. Award Letter and term and conditions attached for approval.

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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.

2018-0253-E and 2018-0683-E

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?	X	

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?

The funding will be used by Jacksonville Fire Rescue Department in support of The Safe and Healthy Neighborhoods Project and Project Save Lives in order to reduce overdose-related deaths by providing the reversal drug (naloxone) and training first responders to utilize it effectively; to connect patients and families with the most effective services for treatment; and to use data analysis and community-wide collaborative efforts to provide smarter, more effective tools, resources, and responses. This is a multi-year grant with the period of performance being 9/30/18 - 9/29/2022. There is NO match and there are no long-term implications. Year one of a four year grant awarded at this time.

Surplus Property Certification?		X
Reporting Requirements?		X

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: 
(signature)

Prepared By: 
(signature)

Date: 3/20/19

Date: 3/20/19

ADMINISTRATIVE TRANSMITTAL

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

Thru: Jesse Modican, LT, 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: LT 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: Jordon 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