LEGISLATIVE FACT SHEET

DATE:	05/23/19	BT or RC No:
		(Administration & City Council Bills)
,		
SPONSOR:	Jacksonville Fire and Re	escue Department
	(1	Department/Division/Agency/Council Member)
Contact for all ir	nquiries and presentations_	Chief Keith Powers
Provide Name:		Chief Keith Powers
Contac	ct Number:	904-630-7873
Email .	Address:	kpowers@coj.net
This legislation of City of Jackson October 1, 2019 ladder company JFRD and its as benefit from the Department (JF days a week in a year of the agree in the Consume employees of the effective date of Chapter 633 FS agreement. This	ville and the City of Jackson, if approved. This contrated in Jacksonville Beach fire associated divisions. The City Advanced Life Support and RD). The JFRD shall provaccordance with the agreement and said amount shar Price Index, whichever is the Jacksonville Beach shall the agreement, provided at the agreement, provided at Twenty-eight (28) FTE pass centralized and coordinal provide effective, efficient	ter into a contract for fire protection services between the nville Beach. The effective date would be no sooner than act will place one full time engine company and one full time stations and other ancillary services normally provided by ity of Jacksonville and Jacksonville Beach residents can ad Fire Services offered by the Jacksonville Fire and Rescue vide the services twenty-four (24) hours a day, seven (7) ment. Jacksonville Beach shall pay \$2,220,000 for the first hall be increased by 2.5%, or the annual percentage increase greater, for each year thereafter. All current fire department become employees of the City of Jacksonville on the all certifications/requirements are met as provisioned in the ositions shall be added as shown in Exhibit E of the sted delivery of services throughout the County will benefit to delivery of public safety services to the residents and
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APPROPRIATION: Total Ar List the source <u>name</u> and pro	nount Appropriated \$2,220,000 vide Object and Subobject Numbers for e	as follows: each category listed below:
(Name of Fund as it will appear in ti	tle of legislation)	
Name of Federal Funding Source(s)	From:	Amount:
valle of Fodoral Fallang Counces,-,	То:	Amount:
(O) to Franchism Occupation	From:	Amount:
Name of State Funding Source(s):	То:	Amount:
Name of City of Jacksonville	From: City of Jacksonville Beach	Amount: \$2,220,000.00
Funding Source(s):	City of Jacksonville - Contract Fire Protection To: (FRF0011CP)	Amount: \$2,220,000.00
Name of In-Kind Contribution(s):	From:	Amount:
	To:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:
Support (ALS) and Fire Servi agreement shall be from its e terminated earlier by either pastations will be performed by grounds maintenance for the the agreement and includes a Fire Stations 60 and 71. The will provide residents and bus	· ·	val County. The term of the of twenty (20) years unless interior and exterior of the two fire each will provide landscape and station is outlined in Exhibit C of Ladder in Jacksonville Beach tion of fire and rescue services

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

Federal or State X	CTION ITEMS: Yes	No	
Fiscal Year Carryover? X Note: If yes, note must include explanation of all-year subfund carryover language. Attachment: If yes, attach appropriate CIP form(s). Include justification for year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and in Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? Interlocal agreement between the City of Jacksonville and C Jacksonville Beach for Advanced Life Support and Fire Servattached. Oversight Department is Jacksonville Fire and Rec OGC has reviewed the agreement between the City of Jacksonville and Jacksonville Beach. Related RC/BT? X Waiver of Code? X Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.	Emergency?	1 X 1	tification of Emergency: If yes, explanation must include detailed nature of ergency.
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	Waiver of Code?		
	Code Exception?		
			
Related Enacted Ordinances? Code Reference: If yes, identify related code section(s) and ordinance renumber in the box below and provide detailed explanation and any change necessary within white paper.	1 2 1	num	

Chapter 31, Section 31.201 --- Authorizes this section. The Director of Fire and Rescue may provide fire protection services to adjacent counties, and municipalities located therein, upon request and pursuant to an interlocal agreement approved by

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? 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
riequirements:	(include contact name and telephone number) responsible for generating Jacksonville shall provide monthly reports on the number and type of alarms, response time, and location of incidents to the City Manager of Jacksonville Beach.
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Division Chief:	(signature) Date: 6/18/2019
Prepared By:	(signature) Date: 6/18/19
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ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	(Name, Job Title, Department)		
	Phone: 630-1825 E-mail: jelsbury@coj.net		
From:	Keith Powers, Interim Director/Fire Chief		
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: 630-7873 E-mail: kpowers@coj.net		
Primary	Keith Powers, Interim Director/Fire Chief		
Contact:	Initiating Department Representative (Name, Job Title, Department)		
	Phone: 630-7873 E-mail: kpowers@coj.net		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: jdelsbury@coj.net		
COUN	NCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480		
10.	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)		
	(Hame, bob Title, Bopartinotty)		
	Phone: E-mail:		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: <u>jelsbury@coj.net</u>		
_	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.		
	dent 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