

LEGISLATIVE FACT SHEET 2013-0135

DATE: 1/7/2013

BT OR RC NUMBER: 13-035
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member): Jacksonville Fire and Rescue, Emergency Preparedness Division

PURPOSE/SUMMARY: To appropriate funds from the State of Florida, Division of Emergency Management to hire a part-time coordinator for the Community Emergency Response Team (CERT) and Citizen Corps Programs.

APPROPRIATION: Total Amount Appropriated: \$17,255.00 as follows:

(Name of Fund as it will appear in title of legislation) 2012 CERT and Citizen Corps Grant

Name of Federal Funding Source: Dept. of Homeland Security Amount: \$17,255.00
(CERT \$9,755)
(CCP \$7,500)

Name of State Funding Source: _____ Amount: \$ _____

Name of City of Jax Funding Source: _____ Amount: \$ _____

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____

Number _____

IMPACT - FINANCIAL/OTHER: This grant provides funds to hire a temporary Clerical Support Aide/III to coordinate the activities outlined in the contract agreement and organize and equip Duval County citizens for the Community Emergency Response Teams for the City of Jacksonville.

ACTION ITEMS:

- | | | |
|--|---------------------|---------------------------------|
| Emergency? | Yes ___ No <u>x</u> | Justification: _____ |
| Federal or State Mandates | Yes ___ No <u>x</u> | |
| Fiscal Year Carryover? | Yes ___ No <u>x</u> | _____ |
| CIP Amendment? | Yes ___ No <u>x</u> | (Attach CIP form) |
| Contract/Agreement (C/A) Approval | Yes ___ No <u>x</u> | (Attach a copy only) |
| C/A negotiations on-going? | Yes ___ No <u>x</u> | |
| Oversight Department Required? | Yes ___ No <u>x</u> | Name of Dept. _____ |
| Related RC?/BT? | Yes <u>x</u> No ___ | (Attach a copy) |
| Waiver of Code? | Yes ___ No <u>x</u> | (Identify Code Provision _____) |
| Code Exception? | Yes ___ No <u>x</u> | (Identify Code Provision _____) |
| Continuation Grant? | Yes <u>x</u> No ___ | |
| Surplus Property Certification? | Yes ___ No <u>x</u> | (Attach a copy) |
| Related Enacted Ordinances? | Yes ___ No <u>x</u> | Ord. # of Previous Ord. _____ |
| Report Required to City Council/Council Auditors | Yes ___ No <u>x</u> | Date _____ Frequency _____ |

ADMINISTRATION TRANSMITTAL

TO: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chief of Staff, Chris Hand
Mayor's Office, Fourth Floor, City Hall at St. James

From: Michael Jacobsen
Director – Fire and Rescue Department, Emergency Preparedness Division
(Name, Job Title, Department)

Phone: (904) 630-2472 Fax: (904) 630-0600 E-mail: Mjacobsen@coj.net

Contact person: Michael Jacobsen
Director – Fire and Rescue Department, Emergency Preparedness Division
(Name, Job Title, Department)

Phone: (904) 630-2472 Fax: (904) 630-0600 E-mail: Mjacobsen@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL
OFFICER TRANSMITTAL**

To:

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED