

LEGISLATIVE FACT SHEET

2013-0524

DATE: 7/2/2013

BT OR RC NUMBER: _____
(Administration Bills)

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

PURPOSE/SUMMARY: Requesting execution of the Memorandum of Agreement between Jacksonville Marine Transportation Exchange (JMTX) and the JFRD.

APPROPRIATION: Total Amount Appropriated: \$250,000.00 as follows:

(Name of Fund as it will appear in title of legislation) 2009 Port Security Grant Program

Name of Federal Funding Source: Dept. of Homeland Security Amount: \$250,000.00

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: The agreement relates to the JFRD being the sub-recipient of a federal grant in the amount of \$250,000.00 to be used for Land-based marine training and the purchase of equipment needed for the newly acquired Port Security Disaster Operations Center.

ACTION ITEMS:

Emergency? Yes No Justification: Grant is time sensitive
expiring on November 30, 2013. Time is needed to teach the classes approved by the federal grant.

Federal or State Mandates	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Fiscal Year Carryover?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	_____
CIP Amendment?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	(Attach a copy only)
C/A negotiations on-going?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Oversight Department Required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Name of Dept. _____
Related RC?/BT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Attach a copy)
Waiver of Code?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Code Exception?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Identify Code Provision _____)
Continuation Grant?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Surplus Property Certification?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Ord. # of Previous Ord. _____
Report Required to City Council/Council Auditors	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	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: Capt. William Estep
Interim Director – Fire and Rescue Department, Emergency Preparedness Division

Phone: (904) 255-3118 Fax: (904) 630-0600 E-mail: westep@coj.net

Contact person: Capt. Jill McElwee
Grant Program Coordinator – Fire and Rescue Department, Emergency Preparedness
Division

Phone: (904) 255-3117 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