

LEGISLATIVE FACT SHEET 2013-0593

DATE: August 26, 2013

BT OR RC NUMBER: BT13-096
(Administration Bills)

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

PURPOSE/SUMMARY:

To appropriate grant funds from DHS State Homeland Security Grant Program (SHSGP) to fund the Emergency Management training for staff personnel and others involved in Duval EOC operations.

APPROPRIATION : Total Amount Appropriated: \$ 10,923.00 as follows:

(Name of Fund as it will appear in title of legislation) 2013/14 State Homeland Security Grant Program (SHSGP)

Name of Federal Funding Source: DHS via State of Florida Amount: \$10,923.00

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:

ACTION ITEMS:

Emergency?	Yes ___	No <u>x</u>	Justification: _____
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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 <u>x</u>	No ___	(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 ___	No <u>x</u>	
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 _____

Add additional pages as necessary for explanation.

ADMINISTRATION TRANSMITTAL

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

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

From: Martin Senterfitt, Director, Fire and Rescue Department
(Name, Job Title, Department)

Phone: 904.630.0568 _____ Fax: _____ E-mail: msenter@coj.net

Contact person: Captain William G. Estep, Interim Division Chief, Emergency Preparedness
(Name, Job Title, Department)

Phone: 904.630.2472 _____ Fax: 904.630.0600 _____ E-mail: westep@coj.net

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

To: Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

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