

LEGISLATIVE FACT SHEET

DATE: 02/24/20

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: Fire and Rescue Department
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Director/Fire Chief

Provide Name: Keith Powers

Contact Number: 904-630-7868

Email Address: kpowers@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.)

Request is made to establish a Trust Fund authorizing the JFRD to develop a Firefighter Candidate Sponsorship Program for the purpose of increasing the City of Jacksonville's pool of qualified minority and women candidates for the position of Firefighter. Specifically the JFRD request authorization to establish a self-appropriating trust fund to accept Sponsor donations, appropriate expenditures, and allows annual carryover of all remaining funds. These funds will help defray the cost of tuition, testing fees, certification fess, etc. for the potential JFRD Firefighter candidate

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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)

| | | |
|-----------------------------------|-------------|---------------|
| Name of Federal Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|---------------------------------|-------------|---------------|
| Name of State Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|--|-------------|---------------|
| Name of City of Jacksonville Funding Source(s) | From: _____ | Amount: _____ |
| | To: _____ | Amount: _____ |

| | | |
|-------------------------|-------------|---------------|
| Name of Contribution(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 result is a program that offers financial support to potential Firefighter candidates and helps increase the minority and women pool of applicants who may otherwise be unable to secure the financial resources for the required Firefighter training. Funding will be provided by community sponsors. This does not require a match. Funding of the program is on-going as donations for candidates are received. There is no on-going maintenance or staffing obligation.

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

ACTION ITEMS:

Emergency? Yes No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate? Yes No

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

Carryover of all remaining funds will be necessary to continue to pay tuition and other testing fees required for the candidate.

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

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?

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?

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.

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?

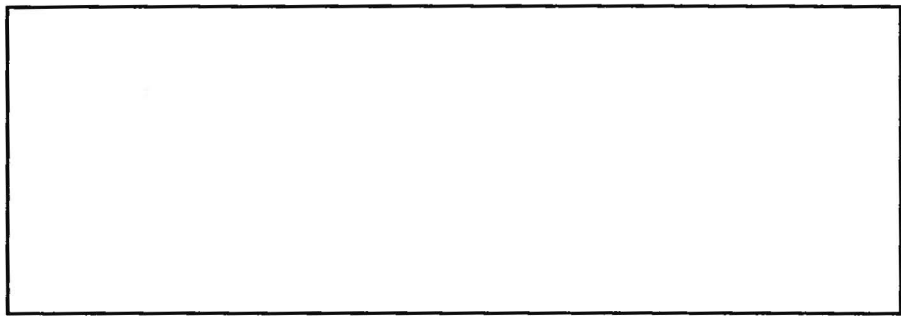
Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?

Attachment: If yes, attach appropriate form(s).

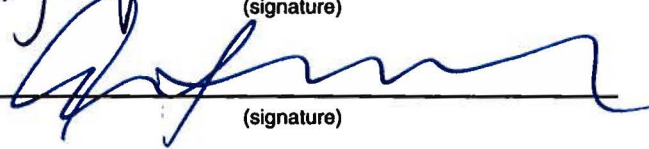
Reporting Requirements?

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 reports.



Division Chief: 
(signature)

Date: 2/24/20

Prepared By: 
(signature)

Date: 2/24/20

ADMINISTRATIVE TRANSMITTAL

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

Thru: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

From: Keith Powers, Director/Fire Chief
Initiating Department Representative (Name, Job Title, Department)
Phone: (904) 630-7868 E-mail: kpowers@coj.net

Primary Contact: Keith Powers, Director/Fire Chief
(Name, Job Title, Department)
Phone: 904-630-0209 E-mail: kpowers@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: Jordan 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