

LEGISLATIVE FACT SHEET

DATE: 04/17/23

BT or RC No: BT23-084
 (Administration & City Council Bills)

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

Contact for all inquiries and presentations: Keith Powers

Provide Name: Keith Powers

Contact Number: 904-255-3300

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.)

Appropriate funds to purchase foam for fire suppression activities. Most of the JFRD foam stock was used to assist with the Brunswick fire on 4/15/2023 leaving the department at a critically low level. Universal Green 3% x5% foam is being purchased as an emergency request to restock our supply in the County.

APPROPRIATION: Total Amount Appropriated \$594,636.00 as follows:

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 Fundin	From: Fire Operations - Leave Sellback	Amount: \$594,636.00
	To: Administrative Services - Other Operating Equipment	Amount: \$594,636.00
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(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.)

Foam is necessary for suppression of hazardous materials fires and currently the JFRD has an extremely limited supply. No match is required. No on-going maintenance or staffing obligations are required as a result of this emergency purchase of firefighting foam.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Justification of Emergency: If yes, explanation must include detailed nature of emergency.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Fire suppression foam is needed in case of another industrial fire in the community and currently we've exhausted the majority of our foam inventory assisting with the Brunswick fire on 4/15/2023. </div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Note: If yes, note must include explanation of all-year subfund carryover language.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.</p>
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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?</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Related RC/BT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Attachment: If yes, attach appropriate RC/BT form(s).</p>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>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.</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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

ACTION ITEMS:

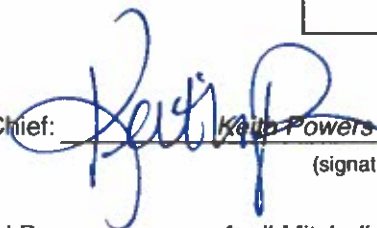
	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>


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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 (include contact name and telephone number) responsible for generating

Division Chief:  Keith Powers
 (signature)

Prepared By:  April Mitchell
 (signature)

Date: 4/17/2023

Date: 4/17/2023

ADMINISTRATIVE TRANSMITTAL

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

Thru: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

From: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Initiating Department Representative (Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

Primary Contact: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

(Name, Job Title, Department)

Phone: 255-5006

E-mail: rachelz@coj.net

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5006

E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480
Phone: 904-255-5062 E-mail: mstaff@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

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

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor
Phone: 255-5006 E-mail: rachelz@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

Purchase Order 658240-23



Purchase Order	658240-23
Order Date	17-APR-2023
Change Order	0
Change Order Date	17-APR-2023
Revision	0
Ordered	594,636.00 USD
Requisition Number	FRFO-500557-23
Solicitation Number	Reichard
All packing slips, invoices, and correspondence must reference the purchase order number	

Sold To City of Jacksonville
 117 West Duval Street
 JACKSONVILLE, FL 32202

Supplier Ten-8 Fire Equipment, Inc.
 2904 59th Avenue Drive East
 BRADENTON, FL 34203

Bill To City of Jacksonville
 117 West Duval Street, Suite 375
 JACKSONVILLE, FL 32202

Ship To Tactical Support Facility
 355 Ellis Road South
 JACKSONVILLE, FL 32254 US

Notes

Supplier Number 21050	Payment Terms Net 30	Freight Terms Freight Prepaid	FOB FOB Destinati on	Shipping Method Best Way
Buyer Jaclyn Stamos Email: JStamos@coj.net		Deliver To Contact Benjamin Kodatt E-mail: bdkodatt@coj.net		

Line	Item	Price	Quantity	UOM	Ordered	Taxable
1	Universal Green 3% X 3% in 275 Gal Tote 2190-3725-0 00111.123006.552160.000000.00000000.00000.0000000	11,892.72		Each		
Notes PO# Must appear on Invoice						

Ship To Tactical Support Facility 355 Ellis Road South JACKSONVILLE, FL 32254	Promised	50	Each	594,636.00
	Requested 4/30/23			

Requested Date correspond to the date of arrival at the Ship-to Location.

Line Total	594,636.00
Total	594,636.00

Purchase Order 658240-23

This Order is subject to the General Conditions attached here to.
Manufacturer's Federal excise tax exempt no 59-89-0120K
Florida State sales and use tax exemption no. 85-8012621607C-8

Approved by Dustin L. Freeman, Chief of Procurement Division

