

## LEGISLATIVE FACT SHEET

DATE: 08/30/22

BT or RC No: BT 22-120  
(Administration & City Council Bills)

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

Contact for all inquiries and presentation: JFRD

Provide Name: Capt. Percy Golden (Emergency Preparedness Division)

Contact Number: 904-255-3119

Email Address: pgolden@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.)

The City of Jacksonville Emergency Preparedness Division is requesting legislation for the FY21 Homeland Security Grant Program contract for the Interoperability Radio Project from the State of Florida. This grant will fund the cost of purchasing radio equipment to improve communications between state colleges and law enforcement agencies. The need was identified after the Marjory Stoneman Douglas incident and a post incident review identified gaps in interoperable communications and coordination. This grant supports interoperability and coordination as prevention/deterrence but primarily as a means to improve, enhance and coordinate response to violent activity and domestic security and terrorist threats by ensuring coordinated operations. This grant is a necessity to the City of Jacksonville and the citizens within Duval County and the State of Florida.

**APPROPRIATION:** Total Amount Appropriated \$395,394.00 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: Dept of Homeland Security through FL Division of Emergency Management	Amount: \$395,394.00
	To: Specialized Equipment	Amount: \$395,394.00
Name of City of Jacksonville Fundin	From: _____	Amount: _____
	To: _____	Amount: _____
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.)

The Federal awarding agency is Dept of Homeland Security and the pass through entity is FL Division of Emergency Management from the Homeland Security Grant Program. There is no match requirement or staffing obligations. The period of performance is for 1 year with all maintenance of this agreement being overseen by the Director of the Emergency Preparedness Division.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? <div style="border: 1px solid black; padding: 5px;">The Emergency Preparedness Division, Chief Todd Smith, will provide oversight of the Homeland Security Grant Program Interoperability Radio Project . This contract has been sent to OGC for legal review and signed by the Mayors office.</div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; padding: 5px;">New funds which require a BT</div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. <div style="border: 1px solid black; height: 30px; width: 100%;"></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?	x	

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?

The funds are coming from the Dept of Homeland Security and the pass through entity FL Division of Emergency Management from the Homeland Security Grant Program to be used to purchase radio equipment. There is no match requirement. The period of performance is for a 1 year period from 2022-2023

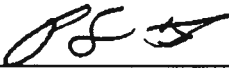
	Yes	No
Surplus Property Certification?		x
Reporting Requirements?		x

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:   
(signature)

Date: 8/30/2022

Prepared By:   
(signature)

Date: 8/30/2022

**ADMINISTRATIVE TRANSMITTAL**

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

Thru: Percy Golden, Capt, JFRD/Emergency Preparedness Division

904-255-3119

[pgolden@coj.net](mailto:pgolden@coj.net)

From: Todd Smith, Division Chief of Emergency Preparedness, JFRD

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-255-3118

E-mail: [todds@coj.net](mailto:todds@coj.net)

Primary Contact: Percy Golden, Capt JFRD/Emergency Preparedness Division

(Name, Job Title, Department)

Phone: 904-255-3119

E-mail: [pgolden@coj.net](mailto:pgolden@coj.net)

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

Phone: 255-5006

E-mail: [rachelz@coj.net](mailto: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**