

Project Title: Health & Wellness Center **Council District(s):** _____
Project Location: Location: TBD **Project Number:** _____
Department: Jacksonville Fire and Rescue Department **Program Area:** Public Safety
Ordinance No.: _____ **BT No.:** _____ **Useful Life:** Perpetuity **Project Completion Date:** 10/01/23

Project Description:
 Procure and build-out a Health and Wellness Center to provide comprehensive occupational health and wellness services to Firefighters.

Justification:
 Authorize \$2,500,000 awarded by the Division of State Fire Marshal to procure and build-out a Firefighter Health & Wellness Center. The deferral of this amendment to the CIP until the next annual budget and CIP review will be detrimental to the best interests of the community and the health and wellness of Firefighters who serve the community. Such deferral will delay the urgent need to provide a comprehensive occupational Firefighter Health & Wellness Center

Funding Sources	Total	Prior Years	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26	Beyond 5th
Transfer Between Projects	\$ -	\$ -						
Debt Proceeds / Borrowed Funds	\$ -	\$ -						
Pay-Go	\$ 2,500,000	\$ -	\$ 2,500,000					
Interest Earnings	\$ -	\$ -						
Contribution from Private Source	\$ -	\$ -						
Grant / Trust Fund	\$ 2,500,000	\$ -	\$ 2,500,000					
Totals	\$ 5,000,000	\$ -	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ -

Expenditures/Project Phase	Total	Prior Years	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26	Beyond 5th
Design & Engineering	\$ -	\$ -						
Land Acquisition & Site Preparation	\$ -	\$ -						
Construction	\$ 5,000,000	\$ -	\$ 5,000,000					
Capital Equipment	\$ -	\$ -						
Misc. Equipment & Furnishings	\$ -	\$ -						
Art In Public Places	\$ -	\$ -						
Totals	\$ 5,000,000	\$ -	\$ 5,000,000	\$ -	\$ -	\$ -	\$ -	\$ -

Operating Budget Impact	Total	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	Beyond 5th
Full Time Equivalents	-						
Personnel Expenses	\$ -						
Contractual Services	\$ -						
Utilities	\$ -						
Materials/Supplies	\$ -						
Equipment	\$ -						
Annual Debt Service	\$ -						
Totals	\$ -	\$ 0.00	\$ -	\$ -	\$ -	\$ -	\$ -

ADDITIONAL PROJECT INFORMATION

Project Information	Yes	No
New Project?	x	
Legal Mandate?		x
Current/Reoccurring Project?		x
Non-reoccurring Project?	x	
Previously requested project?		x
Eligible for matching funds?	x	

Mandate information: _____

If current project, provide project status: _____
 Currently in legislation, not yet implemented.

Source of project?	Yes	No
Plan/Study		
Council		
Staff		
CPAC		
CARE System		
Other Community group		
Other		

Strategic Objectives	Yes	No
Economic Development		
Education		
Effective/Efficient Government		
Military and Veterans		
Public Engagement		
Quality of Life		

Project Continuity and Linkage _____

Funding Source(s) _____
 Division of State Fire Marshall