

LEGISLATIVE FACT SHEET

DATE: 12/12/21

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

SPONSOR: Jacksonville Fire and Rescue Department, Emergency Preparedness Division
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Noah Ray

Provide Name: Noah Ray

Contact Number: 9042553117

Email Address: nray@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.)

This legislation is necessary to formally adopt the updated version of the Comprehensive Emergency Management Plan (2021) for the City of Jacksonville/Duval County. Periodic updates to the County Emergency Preparedness Plan are required per Sec. 674.205. - Emergency preparedness plan. This plan is updated on a four-year cycle.

"The Emergency Preparedness Planning Council, through the Mayor, shall propose to the Council, from time to time, an emergency preparedness plan and necessary changes thereto, this plan to be integrated into and coordinated with the emergency preparedness and survival plans and programs of the state and federal governments in addition to those items included in Section 674.203. Upon adoption by resolution of the Council, the emergency preparedness plan shall become effective and shall govern the activities, duties and functions of the emergency preparedness organization authorized by Section 674.203; and no change to the emergency preparedness plan shall become effective unless and until adopted by resolution of the Council. The emergency preparedness plan shall be a comprehensive plan for the emergency preparedness of the City and the Emergency Preparedness Planning Council is authorized to present the plan in stages or phases for adoption by the Council."

Additionally, the Florida Division of Emergency Management requires that all updated Comprehensive Emergency Preparedness Plans are adopted through legislation per Rule Chapter 27P-6 Florida Administrative Code (FAC).

There is no funding associated with this legislation.

APPROPRIATION: Total Amount Appropriated \$0.00 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 Fundir | 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.)

No funds are associated with this legislation. A resolution is required to formally adopt this Comprehensive Emergency Management Plan per Odcinance Sec. 674.205 and Chapter 27P-6 Florida Administrative Code (FAC).

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. <input type="text"/> |
| Federal or State Mandate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <input type="text"/> The approved plan must be adopted by resolution by the governing body of the jurisdiction within 90 days of State approval in accordance with Rule 27P-6.006(11) FAC. State approval was received December 2, 2021. |
| Fiscal Year Carryover? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Note: If yes, note must include explanation of all-year subfund carryover language. <input type="text"/> |
| 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 type="checkbox"/> | <input checked="" 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? <input type="text"/> |
| Related RC/BT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

2017-709-A - Previous approval for last update (2017)

12/3/2017

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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"/> | Attachment: If yes, attach appropriate form(s). |
| Reporting Requirements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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: 12/3/2021

Prepared By: 
(signature)

Date: 12/2/2021

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Jasmine Jordan, 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, Intergovernmental Affairs Liaison, Office of the Mayor
 Phone: 255-5006 E-mail: rachelz@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 255-5055 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: Rachel Zimmer , Intergovernmental Affairs Liaison, 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