

# LEGISLATIVE FACT SHEET

DATE: 12/17/19

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

SPONSOR: JFRD/Training Division  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations Jacksonville Fire and Rescue Department

Provide Name: Gail Loput

Contact Number: 904-997-4947

Email Address: [gloput@coj.net](mailto:gloput@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.)

JFRD is required to administer the Hepatitis A vaccine to all uniformed personnel according to the Collective Bargaining Agreement and NFPA 1582. JFRD would be entering into a MOA with the Department of Health (DOH) to receive Hepatitis A vaccines for free if JFRD's Wellness Program would administered them to firefighters. Hep. A is required for Urban Search and Rescue Teams prior to deployment and it would provide a cost savings to the COJ since JFRD would not have to purchase these vaccines. By entering into this MOU with the DOH there would be a cost savings since JFRD would not be required to purchase those vaccines out of the department's budget.

**APPROPRIATION:** Total Amount Appropriated: \_\_\_\_\_ 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) Department of Homeland Security / FEMA

|   |             |               |
|---|-------------|---------------|
| 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 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.)

This is a request to execute an MOU with the Department of Health who will provide vaccines to the JFRD. This vaccine is required according to the Collective Bargaining Agreement. This vaccine will protect JFRD from contracting Hepatitis A and incurring medical expenses due to lost days of work and benefits. This MOU will not incur any costs to JFRD. There is no match in funds needed for this MOU. This MOU does not list a specific time frame that the vaccines have to be administered in or a staffing obligation. JFRD will administer the vaccines to uniformed personnel and then provide a roster to the Department of Health showing who they have administered the shots to in the department.

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

**ACTION ITEMS:**      **Yes**      **No**

Emergency?

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

Federal or State Mandate?

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

NFPA 1582 recommends an annual health screening for all firefighters.

Fiscal Year Carryover?

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

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?

Memorandum of Agreement attached. The Fire and Rescue Department's Medical Director, Brad Elias, will provide oversight.

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:**

Continuation of Grant?

| Yes                      |
|--------------------------|
| <input type="checkbox"/> |

| No                                  |
|-------------------------------------|
| <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?

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

Division Chief:



(signature)

Date:

12/19/2019

Prepared By:



(signature)

Date:

12/18/19

**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: [gpowers@coj.net](mailto:gpowers@coj.net)

Primary Contact: Gail Loput, Chief of Training

\_\_\_\_\_  
(Name, Job Title, Department)

Phone: 904-645-0124

Email [gloput@coj.net](mailto:gloput@coj.net)

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor

904-630-1825 E-mail: [jelsbury@coj.net](mailto: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](mailto: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](mailto: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**