## **LEGISLATIVE FACT SHEET**

DATE: 04/15/25		BT or RC No: VT25-079					
		(Administration & City Co					
SPONSOR:		Eiro and Bassus Bassats and					
	Fire and Rescue Department (Department/Division/Agency/Council Member)						
Combanit III		gerey, edenisi membe	••)				
Contact for all inquiries and presen	tations:	Director/Fire	e Chief				
Provide Name:		Keith Powers					
Contact Number:	904-255-3300						
Email Address:	Kpowers@co	j.net					
and total for Council introduced legislation and in	e Administration is re-	rovide; Who, What, When, Where, How and the sponsible for all other legislation.	mpact.) Council Research will complete				
(Minimum of 350 words - Maximum of	1 page.)						
Appropriate funds donated by Pinna and equipment and provide funds for National Fallen Firefighters service radios, pole saws, helmet TIC trace	or the travel cos in Emmittsburg,	MD. Funding is necessary to proc	Shea family to attend the				
APPROPRIATION: Total Amount A List the source <u>name</u> and provide C (Name of Fund as it will appear in title of leg	bject and Subo	\$15,000.00 bject Numbers for each category lis	as follows: ted below:				
Name of Federal Funding Source(s):	From:		Amount:				
Court of the state	To:		Amount:				
Name of State Funding Source(s):	From:		Amount:				
	To:		Amount:				
Name of City of Jacksonville Funding Source(s	e(s): From: Pinnac	CHALLIATION FROM PRIVERS	Sources Amount: \$15,000.00				
	To: Travel	Other Operating Supplies	Amount: \$15,000.00				
Name of In-Kind Contribution(s):	From:		Amount:				
	To:		Amount:				
Name & Number of Bond Account(s):	From:		Amount:				
	To:		Amount:				
PLAIN LANGUAGE OF APPROPRI/ Explain: Where are the funds coming from, specific time frame? Will there be an ongoir anticipated post-construction operation costs (Minimum of 350 words - Maximum of 1 page.)	going to, how will thing maintenance?	e funds be used? Does the funding require	a match? Is the funding for a & 106 regarding funding of				

Funding is provided by Pinnacle to procure supplies and equipment for the ERAT and provide travel for attendance at the National Fallen Firefighters Ceremony. There is no match requirement or staffing obligation with this funding and no recurring maintenance.

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

ACTION ITEMS:	Yes	No	of mature of
Emergency?			Justification of Emergency: If yes, explanation must include detailed nature of emergency.
-			
Federal or State			Explanation: If yes, explanation must include detailed nature of mandate including
Mandate?		Ľ,	Statute or Provision.
Г		<sup> </sup>	
Fiscal Year Carryover?		X	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?		x	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year
Contract / Agreement			amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of
Approval?		×	Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
Related RC/BT?	х		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
		<u></u>	explanation (including impacts) within write paper.
		_	Code Reference: If yes, identify code in box below and provide detailed explanation
Code Exception?		X	(including impacts) within white paper.
Related Enacted		x	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes
Ordinances?			necessary within white paper.
ACTION ITEMS CONTING COde provisions for each		se / Che	eck List. If "Yes" please provide detail by attaching justification, and
•			
ACTION ITEMS:	Yes	No	Explanation: How will the funds be used? Does the funding require a match? Is the
Continuation of Grant?		×	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?
		<u> </u>	
Surplus Property Certification?	(	х	Attachment: If yes, attach appropriate form(s).
Reporting		x	Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include
Requirements?	?		contact name and telephone number) responsible for generating reports.

## **BUSINESS IMPACT ESTIMATE**

	BUSINESS IMPACT ESTIMATE
provided	to Section 166.041(4), F.S., the City is required to prepare a Business Impact Estimate nces that are <u>NOT</u> exempt from this requirement. A list of ordinance exemptions are below. Please check all exemption boxes that apply to this ordinance. If an exemption ble, a Business Impact Estimate <u>IS NOT</u> required.
prepared t with the m be found a	The proposed ordinance is required for compliance with Federal or State law or regulation; The proposed ordinance relates to the issuance or refinancing of debt; The proposed ordinance relates to the adoption of budgets or budget amendments, including revenue sources necessary to fund the budget; The proposed ordinance is required to implement a contract or an agreement, including, but not limited to, any Federal, State, local, or private grant or other financial assistance accepted by the municipal government; The proposed ordinance is an emergency ordinance; The ordinance relates to procurement; or The proposed ordinance is enacted to implement the following: a. Part I tol Chapter 163, Florida Statutes, relating to growth policy, county and municipal planning, and land development regulation, including zoning, development orders, development agreements and development permits; b. Sections 190.005 and 190.046, Florida Statutes, regarding community development districts; c. Section 553.73, Florida Statutes, relating to the Florida Building Code; or d. Section 633.202, Florida Statutes, relating to the Florida Fire Prevention Code. The boxes above are checked, then a Business Impact Estimate IS REQUIRED to be by the using agencyloffice/department and submitted in the MBRC filling packet along emorandum request, legislative fact sheet, etc. A Business Impact Estimate form can at: https://www.coj.net/departments/finance/budget/mayor-s-budget-review-committee
To:	MBRC, c/o the Budget Office, St. James Suite 325
Thru:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)  Phone: 255-5000 E-mail: BNorris@coj.net
From:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor Initiating Department Representative (Name, Job Title, Department) Phone: 255-5000 E-mail: BNorris@coj.nct
Primary Contact	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor (Name, Job Title, Department)

E-mail: BNorris@coj.net

BNorris@coj.net

E-mail:

Phone:

Phone:

CC:

255-5000

255-5000

Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor

## 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@cojret			
From:							
	Initiating Council Member / Independent Agency / Constitutional Officer						
	Phone:		E-mail:				
Primary							
Contact	(Name, Job Title	e, Department)					
	Phone:		E-mail:				
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor						
	Phone:	255-5000	E-mail:	BNorris@coj.net			
Legislation legislation.	from Independ	dent Agencies requires	a resolution	from the Independent Agency Board approving the			
Independer	nt Agency Acti Boards	on Item: Y Action / Resolution?	'es No	Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED