

## LEGISLATIVE FACT SHEET

BT 22-104

DATE: 07/10/22

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

SPONSOR: Fire and Rescue Department  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Keith Powers

Provide Name: Keith Powers

Contact Number: 904-255-3300

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

Authorize funding awarded by the Division of State Fire Marshal to procure and build-out a Health and Wellness Center to provide comprehensive occupational health and wellness services to Firefighters. The grant begins July 1, 2022, and will continue until completion of the facility. Match of \$2,500,000 is required and an amendment to the current CIP.

APPROPRIATION: Total Amount Appropriated: \$5,000,000.00 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: <u>Contribution From State</u>	Amount: <u>\$2,500,000.00</u>
	To: <u>Health &amp; Wellness Center</u>	Amount: <u>\$2,500,000.00</u>
Name of City of Jacksonville Funding Source(s):	From: <u>Transfer from Fund Balance</u>	Amount: <u>\$2,500,000.00</u>
	To: <u>Health &amp; Wellness Center</u>	Amount: <u>\$2,500,000.00</u>
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.)

Authorize \$2,500,000 awarded by the Division of State Fire Marshal and a match of \$2,500,000 from fund balance 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.

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	Note: If yes, note must include explanation of all-year sub fund carryover language. <div style="border: 1px solid black; padding: 5px;">Funding is required until the project is completed. As a current Station in the CIP, construction is in a all-years sub fund.</div>
CIP Amendment?	<input checked="" type="checkbox"/>	<input 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? <div style="border: 1px solid black; padding: 5px;">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 &amp; Wellness Center. CIP form is attached.</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; height: 30px; width: 100%;"></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?	<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? <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 reports.

[Empty box for agency list]

Division Chief: [Signature]  
(signature)  
Prepared By: [Signature]  
(signature)

Date: 7/18/22  
Date: 7/18/22

**ADMINISTRATIVE TRANSMITTAL**

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

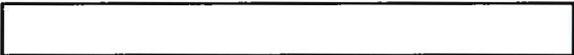
**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480  
Phone: 904-255-5055 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, 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**