

LEGISLATIVE FACT SHEET

DATE: 12/11/19

BT or RC No: BT 20-0 36
(Administration & City Council Bills)

SPONSOR: FIRE AND RESCUE
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Jacob Blanton

Provide Name: Keith Powers

Contact Number: 904-630-2997

Email Address: jblanton@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.)

The JFRD has been granted a \$7,656 project award through the Northeast Florida Healthcare Coalition (NEFLHCC) to purchase two hundred (200) bleeding control kits. Bleeding control kits contain the essential life-saving equipment necessary in the event of a major traumatic event (intentional or unintentional). With uncontrolled bleeding being the number one cause of preventable traumatic death, it is critically important that such equipment is readily available. The intent is to assemble the kits into eight (8) deployable equipment bags for use at large special events, such as those frequently held at the stadium. The equipment bags would be pre-staged and available for use by employees of JFRD, JSO, and other various partner agencies. Request is made to accept the grant and execute the Memorandum of Agreement (MOA) attached. Large-scale traumatic events (intentional and unintentional) occur throughout the world every year. With uncontrolled bleeding being the number one cause of preventable traumatic death, it is critically important that as many people as possible are trained and equipped to respond to such an incident.

APPROPRIATION: Total Amount Appropriated: \$7,656.00 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: Northeast Florida Regional Council Contribution from Private Sources	Amount: \$7,656.00
	To: Medical Supplies	Amount: \$7,656.00
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.)

The NEFLHCC project award is a "reimbursement" award, which requires initial purchase of the bleeding control kits unit by JFRD, followed by 100% reimbursement of the costs up to the award amount of \$7,656 by the NEFLHCC. There is no match required by the COJ to receive the project funding. The bleeding control kits must be purchased and received by the JFRD no later than May 1, 2020. There are no costs associated with cleaning and/or maintenance related to the equipment. There is no staffing obligation for this project award.

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

ACTION ITEMS:

Emergency? Yes No

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

Federal or State Mandate? Yes No

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

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?

MOA attached. The Jacksonville Fire and Rescue Department 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:

	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"/>
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: 12/12/19

Prepared By: 
 (signature)

Date: 12/11/19

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: Keith Powers, Director/Fire Chief

(Name, Job Title, Department)

Phone: 904-630-7868

E-mail: kpowers@coj.net

From: Jacob Blanton, Deputy Division Chief of Rescue

Initiating Department Representative (Name, Job Title, Department)

Phone: 904-630-2997

E-mail: jblanton@coj.net

Primary Contact: Jacob Blanton, Deputy Division Chief of Rescue

(Name, Job Title, Department)

Phone: 904-630-2997

E-mail: jblanton@coj.net

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

904-630-1825 E-mail: jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Jim McCain, Office of General Counsel, St. James Suite 480

Phone: 904-255-5064

E-mail: JMcCain@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, Intergovernmental Affairs Liaison, Office of the Mayor

904-630-1825 E-mail: 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