## **LEGISLATIVE FACT SHEET**

DATE:	04/15/25		BT or RC No:		
			(Administrati	on & City Council Bills)	
SPONSOR:	Fire and R	escue Depart	tment		
			(Department/Division/Agend	cy/Council Member)	
Contact for all inqu	uiries and presentatior	ns:		Keith Powers	
Provide Name:			Keith Powers		
	Contact Number: 90	)4-255-3300			
	Email Address: kpc		<u>net</u>		
			vide; Who, What, When, Where onsible for all other legislation.	, How and the Impact.) Counc	cil Research will complete
(Minimum of 350 wo	ords - Maximum of 1 pa	ge.)			
			D recently surrendered three heir non compliant drones, u		
List the source nar	: Total Amount Approme and provide Object III appear in title of legislation	ct and Subobj	\$59,877.s ect Numbers for each o		:
Name of Federal	I Funding Source(s):	From:		Amount:	
Name on reactar	Funding Source(s).	To:		Amount:	
Name of State Funding S	a Source(s).	From:		Amount:	
	, 00u100(0).	То:		Amount:	
Name of City of Jackson	vecovilla Funding Source(s):	From: FDLE/M	/lisc. Sales & Charges	Amount:	\$59,877.50
reality of Only of Judicial	Jivino i unumg course(c <sub>j</sub> .	To: Speciali	ized Equipment	Amount:	\$59,877.50
Name of In-Kind Contrib	ibution(s):	From:		Amount:	
	ibution(3).	То:		Amount:	
		From:		Amount:	
Name & Number of Bond	Bond Account(s):	То:		Amount:	

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## 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 FDLE buyback program and funding provided allows for the purchase of compliant drones to use for Public Safety purposes to include but not limited to Search and Rescue, Information gathering, Fire Operations including Hazmat incidents. No match, operating costs or maintenance is required.

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

ACTION ITEMS:	Yes	No	
Emergency?	,	х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	,	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	,	х	Note: If yes, note must include explanation of all-year subfund carryover language.
	<u> </u>	<u>-</u>	
CIP Amendment?	,	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	,	x	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?
Related RC/BT?	, x		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.
Code Exception?	,	х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
		_	
Related Enacted Ordinances?	,	х	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.
		<del></del>	

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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?		х	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?		х	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?		х	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.
		<u>BUSI</u>	NESS IMPACT ESTIMATE
Pursuant to Section 166.041(4), I are <u>NOT</u> exempt from this require		-	s required to prepare a Business Impact Estimate for ordinances that
A list of ordinance exemptions are an exemption is applicable, a Bus	-		low. Please check all exemption boxes that apply to this ordinance. If Estimate IS NOT required.
The proposed ordinance is required for compliance with Federal or State law or regulation;			
The propose	d ordir	nance r	elates 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;			
	y Fede	eral, Sta	s required to implement a contract or an agreement, including, but not ate, local, or private grant or other financial assistance accepted by the
The propose	d ordir	nance is	s an emergency ordinance;
The ordinand	e rela	tes to p	rocurement;
The propose	d ordir	nance is	s enacted to implement <u>any</u> of the following:
land develop developmer	oment i	egulatio	lorida Statutes, relating to growth policy, county and municipal planning, and on, including zoning, development orders, development agreements and
			90.046, Florida Statutes, regarding community development districts; Statutes, relating to the Florida Building Code;

If none of the boxes above are checked, then a Business Impact Estimate <u>IS REQUIRED</u> to be prepared by the using agency/office/department and submitted in the MBRC filing packet along with the memorandum request, legislative fact sheet, etc. A Business Impact Estimate form can be found at:

d. Section 633.202, Florida Statutes, relating to the Florida Fire Prevention Code.

https://www.coj.net/departments/finance/budget/mayor-s-budget-review-committee

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	Division Chief:				Date:					
		(	(signature)							
	Prepared By:				Date:					
	_	(	(signature)							
		<u>ADMINI</u>	STRATIVE TI	RANSMITTAL						
То:	MBRC, c/o	the Budget Office	ce, St. James S	Suite 325						
Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor										
	(Name, Job T	Title, Department)								
	Phone:	255-5000	E-mail:	BNorris@coj.net						
From:	Brittany Nor	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor								
	Initiating Dep	Initiating Department Representative (Name, Job Title, Department)								
	Phone:	255-5000	E-mail:	BNorris@coj.net						
Primary										
Contact:	(Name, Job T	Title, Department)								
	Phone:	255-5000	E-mail:	BNorris@coj.net						
CC:	Brittany Nor	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor								
	Phone:	255-5000	E-mail:	BNorris@coj.net						

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## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Staffopoulos, Office of G	Mary Staffopoulos, Office of General Counsel, St. James Suite 480						
	Phone: 904-255-5062	E-mail: mstaff@coj.net						
From:								
	Initiating Council Member / Independent Agency / Constitutional Officer							
	Phone:	E-mail:						
Primary								
Contact:	(Name, Job Title, Department)							
	Phone:	E-mail:						
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor							
	Phone: 255-5000	E-mail: BNorris@coj.net						
Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.  Independent Agency Action Item:  Boards Action / Resolution?  Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?								

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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