

LEGISLATIVE FACT SHEET

DATE: 09/09/20

BT or RC No: BT21-007 / RC21-007
(Administration & City Council Bills)

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

Contact for all inquiries and presentation: JFRD

Provide Name: Jim Schaudel

Contact Number: 904-255-3119

Email Address: schaudel@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 Jacksonville Fire & Rescue Department (JFRD) has been awarded the FEMA FY19 Staffing for Adequate Fire and Emergency (SAFER) Grant. The application was submitted requesting funding for 60 new firefighter positions. The SAFER program intends to improve local fire departments' staffing and deployment capabilities so they more effectively respond to emergencies. The funding awarded for 60 firefighter positions is critical to the operations of the JFRD and will allow adequate staffing to maintain National Fire Protection Agency (NFPA) 1710 compliance. The 60 firefighter positions will add one firefighter to 20 engine companies across all three shifts (A, B, C shifts). The department will then have 59% of JFRD engine companies responding with a four personnel. This is a 26% increase in four personnel engine companies and NFPA 1710 compliance. The addition of a 4th firefighter to an engine company decreases the time needed to assemble four firefighters at the scene of an emergency (2in-2out rule) and allow for quicker and safer initiation of firefighting operations. A 4th person also allows for enhance treatment and care of critical patients that are located at critical infrastructure sites. The grant will cover all salaries and benefits of a Firefighter as provided in the grant application and award. Benefits covered include FLSA overtime, Health, Dental, Life Insurance, Pension benefits, and clothing allowance, holiday/leave sellback, etc.

APPROPRIATION: Total Amount Appropriated \$14,240,160.00 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: <u>US Dept of Homeland Security</u>	Amount:	<u>\$14,240,160.00</u>
	To: <u>SAFER Grant FY19</u>	Amount:	<u>\$14,240,160.00</u>

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.)

The grant is being funded by the Department of Homeland Security (DHS) / FEMA to JFRD to be used for the salaries and benefits for 60 new firefighter positions. There is no city match required. The period of performance is February 20, 2021 to February 19, 2024. There will be ongoing maintenance and staffing obligations.

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.

	Yes	No
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.

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?

Agreement EMW-2019-FF-01640 attached from the DHS / FEMA. The Emergency Preparedness Division, Director, Steve Woodard, will provide oversight of the SAFER grant.

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?

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?

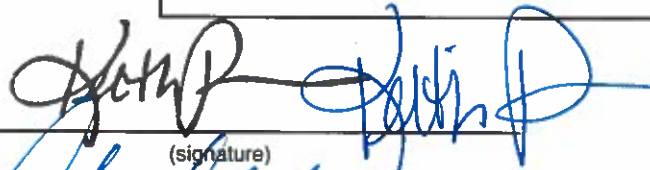
Surplus Property Certification?

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

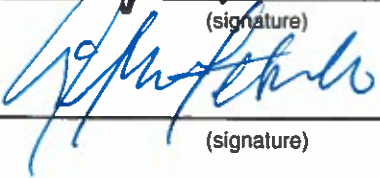
Division Chief:


(signature)

Date:

10/6/2

Prepared By:


(signature)

Date:

9/9/2020

ADMINISTRATIVE TRANSMITTAL

To: MBRC, Budget Office, St. James Suite 325

Thru: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)
Phone: 904-255-5015 E-mail: LeeannK@coj.net

From: Director Steve Woodard / JFRD-Emergency Preparedness Division
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-3123 E-mail: swoodard@coj.net

Primary Contact: Director Steve Woodard / JFRD-Emergency Preparedness Division
(Name, Job Title, Department)
Phone: 904-255-3123 E-mail: swoodard@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

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
904-255-2015 E-mail: LeeannK@coj.net

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