

LEGISLATIVE FACT SHEET

DATE: 07/28/22

BT or RC No: BT 22-112
 (Administration & City Council Bills) BT #

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

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.)

Appropriate funding to complete the construction of Fire Station #47 at Ethel Road. This project was identified in the City's 2022-2026 Capital Improvement Program and Jacksonville Fire & Rescue Department 2020 Capital Study to reduce response times for fire and EMS runs. Completing the construction will reduce response times and provide necessary emergency services in this area of the community.

APPROPRIATION: Total Amount Appropriated: \$2,500,000.00 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: _____	Amount: _____
	To: _____	Amount: _____

Name of City of Jacksonville Funding Source(s):	From: <u>FRCP Fire Stations Capital Projects - Fire Control/Fire Station #47 Replacement --- DM Land</u>	Amount: <u>\$2,000,000.00</u>
	From: <u>FRCP Fire Stations Capital Projects - Fire Control/Fire Station #47 Replacement --- DM Engineering & Design</u>	Amount: <u>\$500,000.00</u>
	To: <u>FRCP Fire Stations Capital Projects - Fire Control/Fire Station #47 Replacement -- DM Other Construction Costs</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.)

Transfer funding to the construction account for this project. Land was acquired for Fire Station #47 on Ethel Road and remaining funds in the land and engineering accounts are necessary to complete construction of the Station. No match is required and no staffing obligation this fiscal year with the approval of this amendment to the CIP. 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 because such deferral will delay the urgent need to provide emergency services in this area. The area would also remain at an ISO Class 10 rating if not constructed.

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; margin-top: 5px;"></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: 20px; margin-top: 5px;"></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: 2px;">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: 2px;">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 because such deferral will delay the urgent need to complete the construction and provide necessary emergency services and the area would remain a ISO Class 10 rated area.</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; margin-top: 5px;"></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; margin-top: 5px;"></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; margin-top: 5px;"></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?

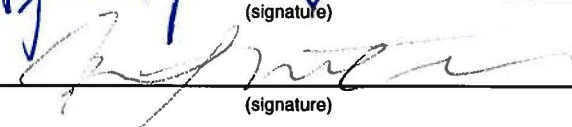
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

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.

Division Chief:  _____
 (signature)

Date: 7/29/22

Prepared By:  _____
 (signature)

Date: 7/28/22

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:

Boards Action / Resolution? **Yes** **No**

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED