## LEGISLATIVE FACT SHEET

DATE:	02/07/22		BT c	or RC No:	BT22-051	
			(Administration	on & City Counci	l Bills)	
SPONS	OR: Jacksonville Fire and	Rescue Departmo	ent, Emergency Prepa	aredness Divis	sion	
		(Department/	Division/Agency/Council M	ember)		
С	ontact for all inquiries and pres	entations:		Noah Ray		
Describe	N					
Provide	Name:	(904) 255-3117	Noah Ray			
	Email Address:	nray@coj.net				
	White Paper (Explain Why this legislation is form for Council introduced legislation ar				Council Research will	
(Minimur	n of 350 words - Maximum of 1 p	age.)				
					-	
with the St	ation is necessary in order for the City tate of Florida, Division of Emergency Jacksonville, Florida 32202, 32206, 3	Management. The pu	rpose of this grant is to pro	ovide protection t	to five (5) Fire Stations	
Program ( Emergenc	HMGP) DR 4468-005-R, as approved y Management Agency (FEMA). The n of wind resistant bay doors, which as	by the Florida Divisio project consists of reti	n of Emergency Managem ofitting five (5) fire station	ent (Division) an buildings through	d the Federal h the purchase and	
For all Wind Retrofit projects, if deemed necessary, wind resistant materials will be installed on any other opening such as vents, louvers and exhaust fans. All installations will be in strict compliance with the Florida Building Code or Miami-Dade Specifications and all materials shall be certified to meet wind and impact standards. The local municipal building department will inspect and certify installation according to the manufacture specifications. The materials utilized shall provide protection against 146 MPH winds or the wind speed protection and impact requirements indicated by the effective Florida Building Code at the time permits are issued.						
The period of performance, as approved by the Florida Division of Emergency Management (Division) and the Federal Emergency Management Agency (FEMA), shall last no longer than 28 months from the date of contract execution.						
The City of Jacksonville, Emergency Preparedness Division, agrees to administer and complete the project per scope of work as submitted by the City of Jacksonville and subsequently approved by the Division and FEMA. The City of Jacksonville, Emergency Preparedness Division, shall complete the work in accordance with all applicable Federal, State and Local Laws, Regulations, and Codes.						

## APPROPRIATION: Total Amount Appropriated:

\$157,172.00 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	1}			
Name of Federal Funding Source(s):	From:	Federal Emergency Management Agency: Hazard Mitigation Grant	Amount:	\$117,879.00
~ · ,	To:	Fire & Rescue Grants	Amount:	\$117,879.00
Name of State Funding Source(s):	From:		Amount:	
	To:		Amount:	
Name of City of Jacksonville Funding Source(s):	From:	COJ Reserve for Federal Funds	Amount:	\$39,293.00
······································	To:	Fire & Rescue Grants	Amount:	\$39,293.00
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.)

This is FEMA project number 4468-005-R. It is funded under HMGP, FEMA-4468-DR-FL and must adhere to all program guidelines established for the HMGP in accordance with the PAS Operational Agreement for Disaster 4468. FEMA awarded this project on October 20, 2021; this Agreement shall begin upon execution by both parties, and the Period of Performance for this project shall end on February 28, 2024.

There is a 25% match requirement to be provided by the City of Jacksonville for this mitigation grant project. The total estimated cost of the project is \$157,172.00, with the federal share being \$117,879.00 (75%) and the local share being \$39,293.00 (25%). There are \$7,400.00 in contingency funds included in the project cost.

This project has an estimated \$7,400.00 in contingency funds. Per FEMA Hazard Mitigation Assistance Guidance Part VI, D.3.4 – Contingency funds are not automatically available for use. Prior to their release, contingency funds must be re-budgeted to another direct cost category and identified. Postaward changes to the budget require prior written approval from the Division (FDEM). The written request should demonstrate what unforeseen condition related to the project arose that required the use of contingency funds.

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

ACTION ITEMS:	Yes	No	
Emergency?		×	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
-		φ.	
Federal or State Mandate?		x	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?		x	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. Attachment & Explanation: If yes, attach the Contract / Agreement and
Contract / Agreement Approval?	x		name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?
			Subaward agreement H0775 between Florida Division of Emergency Management and City of Jacksonville is attached.
Related RC/BT?	x		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?		x	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?		x	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?		x	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?		
			This is a grant funded project with a limited scope to retrofit five (5) fire stations. The period of performance is 28 months.		
Surplus Property Certification?		x	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		
Division Chief:	hlf	S. (signati	Date: 2/14/2022 Date: 2/14/22		
Prepared By: Mathematical Date: 2/14/22					
ADMINISTRATIVE TRANSMITTAL					
To: MBRC, c/o J	To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325				
Thrus — Deshal Zimmer, Director of Interney composited Affairs, Office of the Mayor					

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	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor						
Contact:	(Name, Job Title, Department)						
	Phone:	255-5006	E-mail: <u>rachelz@coj.net</u>				
CC:	Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor						
	Phone:	255-5006	E-mail: rachelz@coi.net				

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<u>c</u>	COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL				
То:	Peggy Sidm Phone:	an, Office of General Couns 255-5055		Suite 480 psidman@coj.net	
From:					
	Initiating Coun	il Member / Independent Agency	/ Constitutional O	fficer	
	Phone:		E-mail: _		
Primary Contact:		le, Department)			
	(Name, Job Th	ie, Depariment)	<b>F</b>		
	Phone:		E-mail:		
CC:	Rachel Zimr	ner, Intergovernmental Affa	airs Liaison, Off	fice of the Mayor	
	Phone:	255-5006	_ E-mail:	rachelz@coj.net	
legislatio	on. Ident Agency	-	Yes No	m the Independent Agency Board approving the Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?	

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED