## **LEGISLATIVE FACT SHEET**

DATE:	09/15/22		BT or RC No:	BTa	3-010	
-	2878 (65)	and the second	(Administration & City Cou	ncil Bills)		
SPONSOR	: Fire and Re	scue D	epartment			
			(Department/Division/Agency/Council Memb	er)		
Contact for	all inquiries and p	resenta	tion: Division Chief of Emergence	y Prepare	dness	
Provide Na	me:		Todd Smith			
C	ontact Number: 90	4-255-	3118			
Er	mail Address: too	dds@cc	oj.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 City of Jacksonville/Duvar County Emergency Preparedness Division has been awarded infanciar assistance from the Department of Homeland Security/FY 2022 Port Security Grant Program. The Port Security Grant Program is one of four grant programs that constitute DHS/FEMA's focus on transportation infrastructure security activities. This program is part of a comprehensive set of measures authorized by Congress and implemented by the Administration to help strengthen the Nation's critical infrastructure against risks associated with potential terrorist attacks. The DHS/Port Security Grant Program provides funding to support increased port-wide risk management and protect critical surface transportation infrastructure from acts of terrorism, major disasters, and other emergencies. The Port Security Grant Program supports the goal to Strengthen National Preparedness and Resilience by enhancing maritime security.  APPROPRIATION: Total Amount Appropriated \$575,000.00 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 Fede	ral Funding Source(s)	From:	Department of Homeland Security	Amount:	\$431,250.00	
		To:	Specialized Equipment and Mobile Equipment	Amount:	\$431,250.00	
Name of Stat	e Funding Source(s):	From:		Amount:		
		To:		Amount:		
Name of City	of Jacksonville Fundi	From:	Feneral Fund Fund localance	Amount:	\$145,750.00	
The strong			pecialized Equipment and Other Operating Supplies	Amount:	\$143,750.00	
Name of In-K	-Kind Contribution(s):	From:		Amount:		
		To:		Amount:		
Name & Num	aber of Bond	From:		Amount:		
Account(s):		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.)

Funding for this grant project is from the DHS/FEMA FY2022 Port Security Grant Program (PSGP). Agreement No. EMW-2022-PU-00202. The period of performance and budget period of this grant is from 09/01/2022 to 08/31/2025. The Port Security Grant Project amount is \$575,000.00. The Port Security Grant Program has a local cost share requirement of 25 percent of the total project cost. DHS/FEMA will provide federal funding amounting to 75 percent of the total project amount, \$431,250.00 with the remaining \$143,750.00 funded by the City of Jacksonville. The funds will be used to purchase one (1) 37' aluminum, open-ocean and inshore, CBRNE capable fire suppression hazmat respone boat. This

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

ACTION ITEMS: Yes Emergency?	No	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
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.  Grant is all-years and will carryover
CIP Amendment?  Contract / Agreement Approval?	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  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 attached. The Emergency Preparedness Division, Todd Smith will
Related RC/BT? x Waiver of Code?	х	Attachment: If yes, attach appropriate RC/BT form(s).  Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.  BT due to a match being requested
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.

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

Co	ntinuation Gran	Y	Is the f	lunding for a	will the funds be used? Do specific time frame and/or there long-term implication	es the funding require a match? multi-year? If multi-year, note is for the General Fund?
(	olus Propei Certification Reportii equirement	n?	x Attach Explan	ment: If yes, nation: List a equency of re de contact na	attach appropriate form(s gencies (including City Co	uncil / Auditor) to receive reports orts are due. Provide Department ) responsible for generating
Divis	ion Chief: _	El	(signles	die)	l	Date: 9/20/207
Pre	pared By:	05	(signal	lure)		Date: 9/20/20
			ADMINIS	STRATIVE	TRANSMITTAL	
To:	MBRC, c/	o the Bud	get Office, S	St. James S	Suite 325	
Thru:	Percy Gold	len, Capt. Jl	FRD/Emerge	ncy Prepare	dness Division	
		904-255-3	3119		pgolden@coj.net	
From:					aredness, JFRD	
			to come in the second		tle, Department)	
	Phone: _	904-255-3	3118	E-mail: _	todds@coj.net	
Primary Contact:		n, Division ( Title, Depart		gency Prep	aredness, JFRD	
	(ridine, bob	W 1025 MEC 128		E-mail:	todds@coj.net	
2007/201		904-255-		_		
CC:					Affairs, Office of the Ma	yor
	Phone:	255-50	06	E-mail:	rachelz@coj.net	

**ACTION ITEMS:** 

Yes

No

## COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To:	Mary Stat	Mary Staffopoulos, Office of General Counsel, St. James Suite 480					
	Phone: _	904-255-5062	E-mail:	mstaff@coj.net			
From:							
	Initiating Co	uncil Member / Indepen	dent 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			
approvin	g the legis	lation.		resolution from the Independent Agency Board			
Independ	dent Agen	cy Action Item: Ye	es No	Adda ale and the second and the seco			
E	Boards Act	ion / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			
			700				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED