# LEGISLATIVE FACT SHEET

DATE:	05/01/2	.3		BT or RC No: BT23-096		
			(Admir	nistration & City Council Bills)		
SPONSOR	Jacksonville Fire	Jacksonville Fire and Rescue Department, Emergency Preparedness Division (Department/Division/Agency/Council Member)				
Contact for all inquiries and presentations:				Noah Ray		
Provide Na	me:		Noah Ray			
Contact Number: 9		9042553117				
Email Address:		nray@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.)

This legislation is necessary in order for the City of Jacksonville to accept a federally funded subaward and enter into a grant agreement with the State of Florida, Division of Emergency Management (FDEM). The subaward provides funding through the federal Hazard Mitigation Grant Program. The scope of work for this grant project is to design and construct a new stand-alone hurricane safe room located at 2610 Fairfax Street, Jacksonville, Florida, 32209. This is a phased project, consisting of Phase I: Engineering & Design and Phase II: Construction. The federally funded subaward being considered for legislation is for *Phase I only*. No construction activities are approved at this time.

The scope for Phase I includes but is not limited to surveying, engineering, design, plans preparation, permitting and bidding for the proposed project. Phase I deliverables include completed designs, calculations, a full set of signed and sealed plans, and permits. Deliverables generated during Phase I shall be reviewed by FDEM and FEMA, who will render a Phase II determination upon completion. Phase II approval is contingent upon satisfactory review for consistency with standards of the FEMA guidance manual *FEMA P-361 Design and Construction for Community Safe Rooms*.

The proposed hurricane safe room shall be designed to accommodate a maximum of 850 first responders, particularly law enforcement and Urban Search and Rescue (USAR) Team members. The new facility shall be designed with all necessary activities to protect the building envelope and to provide near-absolute protection to its occupants against 180 MPH winds. The proposed hurricane safe room gross area is approximately 20,000 square feet. This hurricane safe room shall be equipped with a permanent 150-kW to 250-kW diesel generator.

Construction documents for the first responder safe rooms designed for more than 50 occupants are required to undergo peer review. The City of Jacksonville, as the safe room owner, will secure the reviewer in charge to discourage potential peer reviewer bias. Following the comprehensive peer review, a signed and sealed report should be submitted to the City of Jacksonville, as well as provided to the Florida Division of Emergency Management, and FEMA. This report should include detailed descriptions of the items reviewed and a recommendation of acceptance or rejection for each with an explanation provided for rejected items.

### APPROPRIATION: Total Amount Appropriated:

\$473,303.25 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: To:	Federal Emergency Management Agency Grant Capital Improvement Projects	Amount:	\$428,226.75 \$428,226.75
	From:		Amount:	
Name of State Funding Source(s):			Amount:	
Name of City of Jacksonville Funding Source(s):	From:	COJ Reserve for Federal Funds Grant Capital Improvement Projects	Amount:	\$45,076.50
	To:		Amount:	\$45,076.50
Name of In-Kind Contribution(s):			Amount:	
			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 4486-131-R. It is funded under HMGP, FEMA-4486-DR-FL and must adhere to all program guidelines established for the HMGP in accordance with the PAS Operational Agreement for Disaster 4486. FEMA awarded this project on March 10, 2023; this Agreement shall begin upon execution by both parties, and the Period of Performance for this project shall end on June 30, 2024.

There is a 10% match requirement to be provided by the City of Jacksonville for this mitigation grant project. The total estimated cost of the project is \$473,303.25, with the federal share being \$428,226.75 and the local share being \$45,076.50.

This project has an estimated \$21,465.00 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. Post award 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.

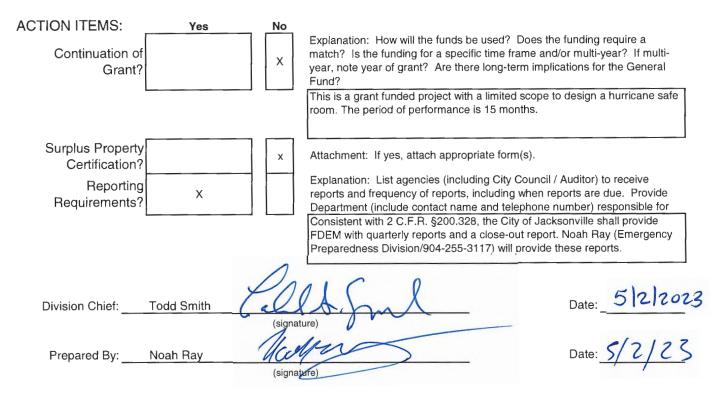
Sub-Recipient Management Costs (SRMC) are included for this project in the amount of \$22,538.25 in Federal funding. Per the Hazard Mitigation Grant Program Interim FEMA Policy 104-11-1, SRMC provides HMGP funding to Sub-Recipients to efficiently manage the grant and complete activities in a timely manner. SRMC must conform to 2 CFR Part 200, Subpart E, ensuring costs are reasonable, allowable, allocable and necessary to the overall project. SRMC cannot exceed 5% of the approved total project costs awarded and shall be reimbursed at 5% for each Request for Reimbursement (RFR) submitted with the required documentation.

The maximum reimbursement amount for the entirety of this Agreement is \$428,226.75, pending allocation of contingency costs as described above.

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

ACTION ITEMS:	Yes	No				
Emergency?		x	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.			
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?			
			Subaward Agreement Number: H0984 SUB-RECIPIENT: City of Jacksonville   PROJECT #: 4486-131-R PROJECT TITLE: First Responder Hurricane Safe Room and Generator Emergency Preparedness Division provides oversight. OGC will review. 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 a hurricane safe room for emergency responders.			
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?		x	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.



#### ADMINISTRATIVE TRANSMITTAL

То:	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:	n: 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:	Contact: (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:	Mary Staffopou Phone:	llos, Office of General C 904-255-5062			s Suite 480 staff@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		
Legislatio		ndent Agencies requires	a resolu	ution from	the Independent Agency Board approving the		
Independ	dent Agency Ac	tion Item:	Yes	No			

Boards Action / Resolution?

X At

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

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED