LEGISLATIVE FACT SHEET

DATE: _____10/02/23_____

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: _____JFRD, Emergency Preparedness Division_____
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: _____Division Chief of Emergency Preparedness_____

Provide Name: _____Andre Ayoub_____

Contact Number: 904-255-3118

Email Address: AyoubA@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.)

Request is made to prepare legislation necessary to adopt the 2023 updates to the Statewide Mutual Aid Agreement (SMAA). The Florida Division of Emergency Management has transmitted an update to the SMAA for 2023 for adoption and execution by Cities, Counties, and various other local agencies. To make sure that all of the counties are working under the most recent version of the agreement, the Florida Division of Emergency Management is requesting that all municipalities update their agreements to the 2023 version. The SMAA was updated in Resolution 2001-483 and again in Ordinance 2018-529-E.

APPROPRIATION: Total Amount Appropriated: _____$0.00_____ 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 So	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.)

When another entity requests mutual aid from the City of Jacksonville, and the Statewide Mutual Aid Agreement is activated, it will provide the City with a process to recoup costs associated with the mutual aid response. It is unknown how much financial impact there will be to the City or from which entity the funds will be reimbursed.

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.
			The State Emergency Management Act, as codified in Chapter 252, Florida Statutes, authorizes the State and its political subdivisions to develop and enter into mutual aid agreements for reciprocal emergency aid and assistance in case of emergencies too extensive to be dealt with unassisted. Florida Statute Title XVII Chapter 252 Emergency Management
Fiscal Year Carryover?		X	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?		X	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?
			2023 Statewide Mutual Aid Agreement will have oversight provided by the City of Jacksonville Fire and Rescue Department, Emergency Preparedness Division as per Chapter 674.215(d). Negotiations are not ongoing. OGC has reviewed the 2023 Statewide Mutual Aid Agreement.
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.

This 2023 Statewide Mutual Aid Agreement replaces COJ Ordinance 2018-529-E

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?
Surplus Property Certification?		X	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?		X	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.
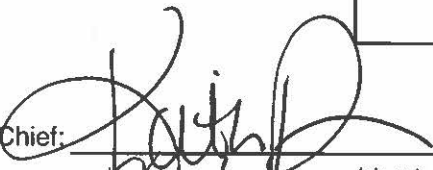
Division Chief: _____ (signature)   Date: 10/6/2023

Prepared By: _____ (signature)   Date: 10/6/23

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o the Budget Office, St. James Suite 325

Thru: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)
Phone: 255-5000   E-mail: bnorris@coj.net

From: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
Initiating Department Representative (Name, Job Title, Department)
Phone: 255-5000   E-mail: bnorris@coj.net

Primary Contact: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
(Name, Job Title, Department)
Phone: 255-5000   E-mail: bnorris@coj.net

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5000   E-mail: bnorris@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480
        Phone: 904-255-5062   E-mail: mstaff@coj.net

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

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

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
        Phone: 255-5000   E-mail: bnorris@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

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

REQUEST FOR LEGAL SERVICES

TO: **The Office of General Counsel**   Telephone 904-255-5100
117 West Duval Street, Suite 480, Jacksonville, FL 32202   FAX 904-255-5119
Please Send Your Request for Legal Services To: Govtopslegalrequest@coj.net

CLIENT: **Name** Timothy Smith
Title Captain
Dept Jacksonville Fire & Rescue Department
Division Emergency Preparedness Division

A. **The Office of General Counsel is requested to provide legal assistance as detailed in this request and supporting documents. Give brief description:** Review the Statewide Mutual Aid Agreement
(SMAA) as requested by FDEM that will allow the City to participate in reimbursable mutual aid operations within the State

B. **Is a specific attorney already involved? No ☐ Yes ✓ Name** James McCain

C. **Date submitted:** 10/2/2023   **Completion is requested by (date):** 11/3/2023
D. **For more information or discussion, contact:**
Name Timothy Smith
Title Captain
Telephone 904-255-3125   **FAX**   **Email** TJSmith@coj.net

E. **Bill to agency (name, address)** JFRD, 515 N Julia St, 4th Floor EPD, Jacksonville, FL, 32202
Bill to account number (index code) FREP011
Oracle Account String 00111.122004 - General Fund

(For use by Office of General Counsel only)

CLIENT ID_____   MATTER NO._____
CLIENT _____

WORK DESCRIPTION: 50 spaces available for adversary party (attach first page of complaint)
_____
_____

NOTES AND/OR COURT CASE NO:_____
_____

CATEGORY CODE_____   ATTORNEY(S) Primary_____
FORUM _____   Secondary_____
ADVERSARY ATTY:_____   Dept. Head_____

OUTCOME_____
_____

INDEX CODE:_____   DATE OPENED:_____
DATE CLOSED:_____   CLOSING BOX NO._____

Document Numbers:
1395075 [Word]
1395104 [Fillable PDF]