## **LEGISLATIVE FACT SHEET**

| DATE:  | 09/25/19  |   |   | BT or RC No: _   | BT   | 20-   | 014                                 |
|--|---|---|---|--|--|---|-------------------------------------|
|  |   |   | (Admini   | istration & City Cour  | icil Bills)  |   | •                                   |
|  |   |   |   |  |  |   |                                     |
| SPONSOR  | : JFRD/Emerge   | ency Preparedn  | ess Division  |  |  |   |                                     |
|  |   | (Departi  | ment/Division/Age   | ency/Council Membe   | er)  |   |                                     |
| Contact for  | all inquiries and pres  | sentations  |   | JFRD   |  |   |                                     |
| Provide Na   | me:   | Capt. Jesse N   | Modican / Emerge  | ncy Preparedness [   | Division   |   |                                     |
| C  | ontact Number:  | 904   | 4-255-3119  |  |  |   |                                     |
| Eı   | mail Address:   | jmod  | ican@coj.net  |  |  |   |                                     |
|  | ite Paper (Explain Why this I   |   |   |  |  |   | ouncil                              |
|  | f 350 words - Maximur   |   |   |  |  |   |                                     |
| contract from Vessel Suppo shipboard fire natural disasteresponse and Drone Detectithe new and e Port Security | acksonville's Emergency of the Department of Homel ort System. This CBRNE is fighting activities and hazers for maritime missions recovery operations in aron System. This Port Statemerging threat of UAV's foriority of Regional Coord the City of Jacksonville a | and Security(DHS support system included and an arterial included the use around port wat around port wat around port between the entire Jacks ination and institut | ). This grant will fundes vessels that cidents, or marine e of smaller work erways. This grant ection System will sonville Port area. ionalizes the Reg | and the cost of the C<br>can transport up to<br>e personnel to support<br>vessels and equipm<br>at will also fund the continuous<br>This investment directional Security Strates | BRNE Port<br>six firefight<br>ort marine in<br>ent to initial<br>cost of a Port<br>monitoring<br>ectly address<br>egy Integrat | t and Marit<br>ters during<br>ncidents o<br>ate and ma<br>rt Stationa<br>and detec<br>sses the N<br>ion. This g | time or aintain or tion of lational |
|  |   |   | *   | te.  |  |   |                                     |
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| (Name of Fund as it will appear in   | title of legislation) Department of Homeland S  | ecurity / FEMA  |
|--|---|---|
| Name of Federal Funding Source(s   | From: Department of Homeland Security(DHS)  | Amount: \$202,500.00  |
|  | То:   | Amount:   |
| Name of State Funding Source(s)  | From:   | Amount:   |
|  | То:   | Amount:   |
| Name of City of Jacksonville Funding Source(s):  | From:   | Amount: \$67,500.00   |
|  | То:   | Amount:   |
| Name of In-Kind Contribution(s):   | From:   | Amount:   |
| <u> </u>   | То:   | Amount:   |
| Name & Number of Bond  |   |   |
|  | From:   | Amount:   |
| Account(s):  PLAIN LANGUAGE OF APF Explain: Where are the funds com the funding for a specific time frame  | PROPRIATION / FINANCIAL IMPACT Aing from, going to, how will the funds be used? e? Will there be an ongoing maintenance? ticipated post-construction operation costs.   | Amount:  / OTHER:  P Does the funding require a match? Is   |
| PLAIN LANGUAGE OF APF Explain: Where are the funds com he funding for a specific time fram 122 & 106 regarding funding of an Minimum of 350 words - Maximum of The funds are coming from the De Preparedness Division to be used Stationary Detection System. Ther | PROPRIATION / FINANCIAL IMPACT Aing from, going to, how will the funds be used? e? Will there be an ongoing maintenance? ticipated post-construction operation costs.   | Amount:  / OTHER: / Does the funding require a match? Is and staffing obligation? Per Chapters  Grant Program going to JFRD Emergency /essel Support System and the Port d of performance is for 3 years with all |
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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.   |
|                             |              |  |
|                             |              | 2  |
|                             |              |  |
| Federal or State            |              | Evaluation: If you evaluation must include detailed nature of mandate  |
| Mandate?                    | X            | Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.   |
| <del></del>                 |              |  |
|                             |              |  |
|                             |              |  |
| Fiscal Year                 |              | Note: If yes, note must include explanation of all-year subfund carryover  |
| Carryover?                  |              | language.  |
|                             |              |  |
|                             |              |  |
|                             |              | The state of the s |
| CIP Amendment?              | X            | Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  |
| Contract / Agreement        |              | Attachment & Explanation: If yes, attach the Contract / Agreement and name   |
| Approval? X                 |              | of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?   |
|                             |              | The Emergency Preparedness Division, Director, Steve Woodard, will provide oversight of the Port Security / Department of Homeland Security. This  |
|                             |              | contract has been sent to OGC for legal review.  |
|                             |              |  |
|                             |              |  |
|                             |              |  |
| 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.   |
|                             |              | BT due to a match being required.  |
| <u></u>                     | <del>1</del> | Code Reference: If you identify each in her helevy and provide detailed  |
| Code Exception?             | Х            | Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.  |
|                             |              |  |
| Bullian E                   |              | Code Reference: If yes, identify related code section(s) and ordinance   |
| Related Enacted Ordinances? | x            | reference number in the box below and provide detailed explanation and any   |
|                             | لـــا        | 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:  Continuation of Grant?                            | Yes I       | No  | 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?  The funds are coming from the Department of Homeland Security / Port Security Grant Program going to JFRD Emergency Preparedness Division to be used for purchasing of a CBRNE Port and Maritime Vessel Support System and the Port Stationary Detection System. The period of performance is for a 3yr period from 2019-2022. There will be continued maintenance cost once the grant expires. |
|--|-------------|-----|---|
| Surplus Property<br>Certification?<br>Reporting<br>Requirements? | x           | ×   | 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  The will be ongoing quarterly reporting requirements.  |
| Division Chief:  | Sea<br>Jose | e l | Date: 9-25-2019     Signature   |

## **ADMINISTRATIVE TRANSMITTAL**

| То:         | MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325                              |  |  |  |  |  |
|-------------|--|--|--|--|--|--|
| Thru:       | Jesse Modican, Capt, JFRD/Emergency Preparedness Division                                |  |  |  |  |  |
|             | (Name, Job Title, Department)  |  |  |  |  |  |
|             | Phone: 904-255-3119  |  |  |  |  |  |
| From:       | Steven Woodard, Division Chief of Emergency Preparedness, JFRD                           |  |  |  |  |  |
|             | Initiating Department Representative (Name, Job Title, Department)                       |  |  |  |  |  |
|             | Phone: 904-255-3123 E-mail: <u>swoodard@coj.net</u>                                      |  |  |  |  |  |
| Primary     | Capt. Jesse Modican, Emergency Preparedness Division, JFRD                               |  |  |  |  |  |
| Contact:    | (Name, Job Title, Department)  |  |  |  |  |  |
| 2           | Phone: 904-255-3119  |  |  |  |  |  |
| CC:         | Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor               |  |  |  |  |  |
|             | 904-630-1825 E-mail: jelsbury@coj.net  |  |  |  |  |  |
|             | •  |  |  |  |  |  |
|             |  |  |  |  |  |  |
| COUN        | CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL                     |  |  |  |  |  |
| То:         | Peggy Sidman, Office of General Counsel, St. James Suite 480                             |  |  |  |  |  |
|             | Phone: 904-630-4647 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:         | Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor               |  |  |  |  |  |
|             | 904-630-1825 E-mail: jelsbury@coj.net  |  |  |  |  |  |
|             |  |  |  |  |  |  |
|             |  |  |  |  |  |  |
| Legislation | on from Independent Agencies requires a resolution from the Independent Agency Board     |  |  |  |  |  |
| -           | g the legislation.   |  |  |  |  |  |
| Independ    | dent 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