## **LEGISLATIVE FACT SHEET**

DATE:	09/30/19	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:		FIRE AND RESCUE
9	(D	epartment/Division/Agency/Council Member)
Contact for all inq	uiries and presentations	David Castleman
Provide Name:	· -	Keith Powers
Contact	Number:	904-630-7055
Email Ad	ddress:	DavidS@coj.net
PURPOSE: White Pane	r (Evolain Why this legislation is n	ecessary? Provide; Who, What, When, Where, How and the Impact.) Council
		gislation and the Administration is responsible for all other legislation.
	ords - Maximum of 1 page	ambulance provider in Jacksonville (Duval County) for over 30 years.
private ambulance se & Necessity (COPCN the holder of the certi- secure the COPCN fr In addition, and as au between AmeriPro an events, as requested Declaration of Emerg- citizens and visitors of	rvice provider, AmeriPro LLC.  ). As a requirement of Municip ficate except upon the approve om ASI. This is all covered un thorized by Chapter 158 – Se od the City of Jacksonville. The by JFRD. In addition, AmeriPre ency by the Mayor during natu f Jacksonville. cost and/or budget impact to the	sult, ASI is in the process of being purchased and acquired by another ASI currently holds one of the six (6) Certificates of Public Convenience al Ordinance Code, no COPCN shall be assignable or transferable by all of City Council. Prior to the acquisition of ASI, AmeriPro must first der Chapter 158 of the Municipal Ordinance Code (Section 158.214). cition 158.307, a Memoranda of Understanding will be executed MOU designates that AmeriPro will participate in major sporting oragrees to divert its resources, as requested, in the event of an official real and other disasters to assist in meeting the imminent needs of the the City of Jacksonville or JFRD associated with this name change

APPROPRIATION: Total Ar List the source <b>name</b> and pro	mount Appropriated \$\) bvide Object and Subobject Numbers for e	0.00 as follows: ach category listed below:
(Name of Fund as it will appear in ti	•	
Name of Fordayal Funding Course(s)	From:	Amount:
Name of Federal Funding Source(s)	То:	Amount:
	From:	Amount:
Name of State Funding Source(s):	To:	Amount:
	10.	Amount.
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
		-
Name of In-Kind Contribution(s):	From:	Amount:
Traile Community	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	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.)

There is no funding associated with this legis	slative action request. There is no budget impact to the COJ or JFRD as a
Frout of this legislative action. There is no or	ngoing maintenance or staffing obligations related to this legislation.
lesuit of this legislative action. There is no or	ngoing maintenance or staining obligations rolated to this logislation.
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ACTION ITEMS: Purpose / Check L	ist. If "Yes" please provide detail by attaching justification, and
	alst it 165 piedoc provide detail by attaching jacaneauch, and
code provisions for each.	
4 W W W W W W W W W W W W W W W W W W W	
ACTION ITEMS: Yes No	
	Justification of Emergency: If yes, explanation must include detailed nature of
Emergency?	emergency.
Federal or State	Explanation: If yes, explanation must include detailed nature of mandate
Mandate? X	including Statute or Provision.

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Fiscal Year Carryover?	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.
Contract / Agreement Approval?	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?
	JFRD will provide oversight of COPCN. MOA draft 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.
	Out - Defended the sede in how below and provide detailed
Code Exception? x	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
	Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
ACTION ITEMS CONTINUED: Purp justification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Yes No	
Continuation of Grant?	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? Reporting Requirements?	x	Explanation: List agencies (including City C and frequency of reports, including when reports and teleports) Department (include contact name and teleports)	ports are due. Provide
Division Chief:  Prepared By:	Ty Zy	(signature)	Date: <u>9/30/19</u> Date: <u>9/30/19</u>

## **ADMINISTRATIVE TRANSMITTAL**

То:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:	Keith Powers, Interim Director/Fire Chief		
	(Name, Job Title, Department)		
	Phone: 904-630-7868 E-mail: <u>KPowers@coj.net</u>		
From:	David Castleman, Chief of Rescue		
	Initiating Department Representative (Name, Job Title, Department)		
	Phone: 904-630-7055 E-mail: <u>DavidS@coj.net</u>		
Primary	David Castleman, Chief of Rescue		
Contact:	(Name, Job Title, Department)		
	Phone: 904-630-7055 E-mail: <u>DavidS@coj.net</u>		
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:	Jim McCain, Office of General Counsel, St. James Suite 480		
10.	Phone: 904-255-5064 E-mail: <u>JMcCain@coj.net</u>		
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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			
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	on from Independent Agencies requires a resolution from the Independent Agency Board agency the legislation.		
	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

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