

LEGISLATIVE FACT SHEET

DATE: 10/29/19

BT or RC No: BT 20-030
 (Administration & City Council Bills)

SPONSOR: Fire and Rescue
 (Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: JFRD

Provide Name: Jesse Modican

Contact Number: 904-255-3119

Email Address: jmodican@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.)

The Jacksonville Fire & Rescue Department (JFRD) has been awarded the FY18 Staffing for Adequate Fire and Emergency (SAFER) Grant. The application was submitted requesting funding for 40 new firefighter positions. The 40 positions requested are critical to the operations of the JFRD and will allow adequate staffing to maintain National Fire Protection Agency (NFPA) 1710 compliance. The hiring of 40 new firefighters will allow JFRD to add firefighters to each shift (A, B, C shifts) to be assigned to the busiest engines. The department will then have all of our engines responding with four personnel. This BT will authorize the first year of the Staffing for Adequate Fire and Emergency Response (SAFER) grant. The City is required to match 25% or \$747,570.00 for year one of the grant. Related RC20-xxx. With this enhanced staffing an appropriate number of trained personnel will be assembled at the incident scene. The three year total award is \$8,970,840 with a \$3,438,822 COJ match and \$5,532,018 Federal Share. The grant will cover all salaries and benefits of a year one Firefighter as provided in the grant application and award. Benefits covered include FLSA overtime, Health, Dental, Life Insurance, Pension benefits, clothing allowance, holiday/leave sellback, etc.

APPROPRIATION: Total Amount Appropriated \$2,990,280.00 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: US Dept of Homeland Security	Amount: <u>\$2,242,710.00</u>
	To: SAFER Grant	Amount: <u>\$2,242,710.00</u>

Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: NC-TRANSFERS FROM FUND BALANCE - JXSF011 38901	Amount: \$747,570.00
	To: INTERFUND TRANSFER OUT (38191) - TROU011TO1F9 09191	Amount: \$747,570.00
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.)

The grant is being funded by the Department of Homeland Security (DHS) / FEMA being awarded to JFRD to be used for the salaries and benefits for 40 new firefighter positions. The award requires a 3 year match for a total amount of \$8,970,840.00. The period of performance is March 7, 2020 to March 6, 2023.

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

ACTION ITEMS:

Emergency? Yes No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate? Yes No

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

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?

Award EMW-2018-FH-00180 attached from DHS / FEMA. The Emergency Preparedness Division, Director, Steve Woodard, will provide oversight of the SAFER

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?

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.

ACTION ITEMS: **Yes** **No**

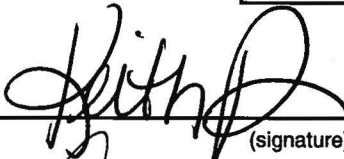
Continuation of Grant?

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?

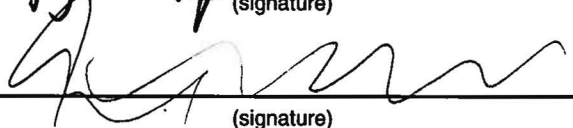
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Division Chief: 
(signature)

Date: 10/31/19

Prepared By: 
(signature)

Date: 10/31/19

ADMINISTRATIVE TRANSMITTAL

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

Thru: Captain Jesse Modican /JFRD-Emergency Preparedness Division
(Name, Job Title, Department)
Phone: 904-255-3119 E-mail: jmodican@coj.net

From: Director Steven Woodard/JFRD-Emergency Preparedness Division
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-3123 E-mail: swoodard@coj.net

Primary Contact: Director Steven Woodard/JFRD-Emergency Preparedness Division
(Name, Job Title, Department)
Phone: 904-255-3123 E-mail: swoodard@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: 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 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