## **LEGISLATIVE FACT SHEET**

DATE:	02/20	/20	BT or RC No:	BTE	70-059
_			(Administration & City Co	ouncil Bills)	
SPONSOR	R: Fire and Re	escue Departmer	nt		
		(De	epartment/Division/Agency/Council Member	)	
Contact for	all inquiries and p	resentations:	Director/Fire	Chief	
Provide Na	ıme:		Keith Powers		
С	ontact Number:		904-630-7868		
E	mail Address:	]	kpowers@coj.net		
			sary? Provide; Who, What, When, Where, How a e Administration is responsible for all other legisla		.) Council Research
(Minimum o	of 350 words - Maxir	num of 1 page.)			
Appropriate d various Fire S Fire and Reso	onation received from Stations. The Riverview	the Riverview Lake-l w Lake-Forest Volunt donation will be use	Forest Volunteer Fire Department to procure teer Fire Department generously donated \$ d to procure life-saving thermal imaging carbed by Fire.	10,619.66 to 1	the Jacksonville
	IATION: Total Ar urce <u>name</u> and pro		ed: \$10,619.66 Subobject Numbers for each catego		
(Name of Fun	nd as it will appear in ti	tle of legislation)			
Name of Fede	eral Funding Source(s)	From:		Amount:	,
Valle of Federal F		То:		Amount:	
		From:		Amount	
Name of State	e Funding Source(s):	From:		. Amount:	
		То:		Amount:	
Name of City of Funding Source		From:		Amount:	
	rce(s):	То:		Amount:	
Nome of O	A.:I A.:	From: Contributions	s from Private Sources	Amount:	\$10,619.66
Name of Contrib	ntribution(s):	To: Specialized	Fauinment	- Amount	\$10,619,66

Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:

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## 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.) Appropriate donation received from the Riverview Lake-Forest Volunteer Fire Department in the amount of \$10,619.66 to procure Thermal Imaging Cameras. There is no match required, no specific time frame required and no on-going maintenance or staffing obligation is required. ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **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 including X Statute or Provision. Mandate?

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

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Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
	_	Attacherants (form attacher anniet CID form (a) Include instification for mid-
CIP Amendment?	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	х	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?
Related RC/BT? X		Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	х	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?	Х	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 CONTINUE justification, and code provisi		pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Yes  Continuation of Grant?	No 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?	х	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	х	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.

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Division Chief:	(eignature)	Date: 2/24/20
Prepared By:	(signature)	Date: 2/24/30

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325		
Thru:			
	(Name, Job Title, Department)		
	Phone:	E-mail:	
Erom:		,	
From:	Keith Powers, Director/Fire Chief Initiating Department Representative (Name, Jo	h Title Department)	
	Phone: (904) 630-7868	E-mail: kpowers@coj.net	
Primary	Keith Powers, Director/Fire Chief		
Contact:	(Name, Job Title, Department)		
	Phone: 904-630-0209	E-mail: kpowers@coj.net	
CC:	Jordan Elsbury, Director of Intergoverni	mental Affairs. Office of the Mayor	
	904-630-1825 E-mail: <u>JElsbury@coi</u>	<del>_</del>	
		and the state of t	
COL	<u>UNCIL MEMBER / INDEPENDENT AGE</u>	ENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
То:	Peggy Sidman, Office of General Coun	sal St. Jamas Suito 490	
10.		E-mail: psidman@coj.net	
	1 Hone	_ polaman = cojmot	
From:			
	Initiating Council Member / Independent Agency		
	Phone:	E-mail:	
Primary			
Contact:	(Name, Job Title, Department)		
		E-mail:	
00			
CC:	Jordan Elsbury, Director of Intergoverni	•	
	904-630-1825 E-mail: <u>JElsbury@c</u>	coj.net	
	9		
Indepen	dent Agency Action Item: Yes	No	
		300/00000	
		Attachment: If yes, attach appropriate documentation. If no,	
J	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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