LEGISLATIVE FACT SHEET

DATE:	05/29/20		BT or RC	BT or RC No: <u>BT 20-094</u>			
		(Administration & City Council Bills)					
SPONSOR:		Public Works/Public Buildings					
			(Department/Division/Agency/Council	Member)			
Contact	for all inquiries and p	resent	ationsRoy B	Birbal			
Provide	Name:		Roy Birbal				
Contact Number:			255-4330				
	Email Address:		rbirbal@coj.net				
Research w		ıncil intro	ation is necessary? Provide; Who, What, When, V duced legislation and the Administration is respon 1 page.)				
This BT is necessary to appropriate grant funds from the Federal Emergency Management Agency for the purpose of purchasing and installing a permanent generator at the Traffic Management Facility. Funded through the Hazard Mitigation Grant Program and approved by the Florida Division of Emergency Management, this project is for the purchase and installation of an emergency system to reduce and/or mitigate the damage that might otherwise occur from severe weather of other hazards. Deferral of this appropriation would result in the City of Jacksonville not receiving needed grant funds.							
List the s	PRIATION: Total Ansource name and pro Fund as it will appear in ti	vide O	bject and Subobject Numbers for ea	as follows ach category lis			
Name of Federal Funding Source(s)		From:	Federal Emergency Management Agency	Amount:	\$224,959.50		
		То:	City of Jacksonville	Amount:	\$224,959.50		
Name of S	itate Funding Source(s):	From:		Amount:			
		То:		Amount:	_		
Name of C	city of Jacksonville Fundir	From:		Amount:			
		То:		Amount:			
Name of Ir	n-Kind Contribution(s):	From:		Amount:			
, ,		То:		Amount:			
	umber of Bond	From:		Amount:	·		
Account(s)):	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.)

FEMA has agreed to reimburse up to \$224,959.50 of the project cost for the purchase and installation of a new generator at the Traffic Signals Management Facility.						
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.					
Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.					
CIP Amendment? X Contract / Agreement	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. 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? Public Works, Public Buildings will provide oversight of the project. OGC has reviewed the request. Attachment: If yes, attach appropriate RC/BT form(s). 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?	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	N ITEMS:	Yes	No			
C	ontinuation of Grant?		х	Explanation: How will the funds be used? Does the f Is the funding for a specific time frame and/or multi-ye year of grant? Are there long-term implications for the	ear? If multi-year, note	
	plus Property Certification? Reporting equirements?		x	Attachment: If yes, attach appropriate form(s). Explanation: List agencies (including City Council / A and frequency of reports, including when reports are (include contact name and telephone number) respon	due. Provide Department	
you	sion Chief:		ilkan B	(signature)	Date: 5/29/2020	
			<u>AD</u>	MINISTRATIVE TRANSMITTAL		
To:	MBRC, c/o F	Roselyr	n Chall,	Budget Office, St. James Suite 325		
Thru:	Jordan Elsbur (Name, Job Titl			tergovernmental Affairs, Office of the Mayor	·····	
	Phone:	255-50	013	E-mail: <u>jelsbury@coj.net</u>		
From:	Jordan Elsbur	y, Direc	tor of In	tergovernmental Affairs, Office of the Mayor		
	Initiating Department Representative (Name, Job Title, Department)					
	Phone:	255-50	013	E-mail: <u>jelsbury@coj.net</u>		
Primary				tergovernmental Affairs, Office of the Mayor		
Contact:	(Name, Job Titl	e, Depa	rtment)			
	Phone:	255-5	013	E-mail: <u>jelsbury@coj.net</u>		
CC:	Jordan Elsbu	ury, Int	ergover	nmental Affairs Liaison, Office of the Mayor		
	Phone:	255-50	013	F-mail: ielshury@coi 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, Intergovernmen	ital Affairs Liaison, Office of the Mayor					
	Phone:904-630-1825	E-mail: jelsbury@coj.net					
approvin Independ	lation from Independent Agencies requires a resolution from the Independent Agency Board bying the legislation. sendent Agency Action Item: 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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