## **LEGISLATIVE FACT SHEET**

DATE:	10/12/20	BT or RC No:	: BT21-025		
_		(Administration & City C	ouncil Bills)		
SPONSOI	R:	Emergency Preparedness Division			
		(Department/Division/Agency/Council Member)			
Contact fo	r all inquiries and presenta	tions: Director of Emergency F	reparedness		
Provide Na	ame:	Steve Woodard			
C	Contact Number:	(904) 255-3123	_		
E	Email Address:	Swoodard@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	L page.)			
Jacksonville,	Florida 32210; funded through t	to acquire and demolish a residential structure at 673 he Flood Mitigation Assistance Grant Program (FMA) ency Management (Division) and the Federal Emerge	FMA-PJ-04-FL-2019- 003		
the Sub-Rec		es to administer and complete the project per the scop d by the Division and FEMA. The Sub- Recipient shall ws, Regulations and Codes.			
As a Flood Mitigation Assistance Grant Program (FMA) project, the Sub-Recipient proposes to acquire and demolish the structure located at 6734 Bakersfield Drive, Jacksonville, Florida 32210 (30.288666, - 81.756465).					
The scope of work for this project is to acquire and demolish the property to prevent any reoccurring flood losses. Debris and slab removal will follow demolition. The property will be converted to green space and deed restricted in perpetuity, in accordance with FEMA Program requirements pursuant to 44 CFR 206.434 (e).					
The subject property sits on the bank of Wills Branch Creek. Many homes on this street have been acquired and demolished previously through various federal mitigation grant programs grant. This property has suffered major losses which have resulted in the property being listed in the NFIP Severe Repetitive Loss Property List. Total valuation of losses is unknown a this time as the current owner has only recently acquired the property.					

	ovide Object and Subobject Numbers for each catego	ry listed below:
(Name of Fund as it will appear in ti	tle of legislation)	
Name of Federal Funding Source(s)	From: US Department of Homeland Security	Amount: \$310,974.00
	To: Subfund 331	Amount: \$310,974.00
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:
(Minimum of 350 words - Maximum of The mitigation grant agreement shall	1 page.) I be entered into by the State of Florida. Division of Emergency N	Management with
The mitigation grant agreement shal headquarters in Tallahassee, Florida Florida received these grant funds fr	be entered into by the State of Florida, Division of Emergency Na (hereinafter referred to as the "Division"), and the City of Jackso om the Federal government, and the Division has the authority to	onville. The State of
the Sub-Hecipient upon the terms ar	nd conditions outlined in the Subaward Agreement.	
For the purposes of this Agreement, Recipient serves as the recipient of	the Division serves as the pass-through entity for the Federal ava subaward.	vard, and the Sub-
Emergency Management Agency (F	oved by the Florida Division of Emergency Management (Division EMA), shall last no longer than 24 months from the date of contradition the date of contraditions of Jacksonville shall end on April 01, 2023.	n) and the Federal act execution. The
There is no match requirement to be cost of the project is \$310,974, with	provided by the City of Jacksonville for this mitigation grant project.	ect. The total estimated
Project Management costs are include	ded for this project in the amount of \$14,085.	
Contingency costs are included in th Scope of Work Modification must be	e amount of \$14,789. Contingency costs are not automatically av submitted to request use of funds.	/ailable for use and a
There will be additional recurring ma green space. Estimated costs are \$9	intenance costs in the form of landscaping for the property, after	it has been returned to

\$310,974.00 as follows:

APPROPRIATION: Total Amount Appropriated:

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

ACTION ITEMS: Yes	No	
Emergency?	х	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	х	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
Fiscal Year Carryover?	х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? x		Attachment: If yes, attach appropriate CIP form(s). Include justification for mid- year amendment.
Contract / Agreement X 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?  The Fire & Rescue department / Emergency Preparedness Division will provide oversight on behalf of the City of Jacksonville. The Subaward and Grant Agreement are attached.
Related RC/BT?		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?	х	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?
		These funds will be used to acquire and demolish a flood-prone property, and return it to green space. There is no local match requirement for these funds. The period of performance will not exceed 14 months for this grant project. The property will require landscape and annual recurring maintenance costs.
Surplus Property Certification?	х	Attachment: If yes, attach appropriate form(s).
Reporting X Requirements?		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. Consistent with 2 C.F.R. §200.328, the Sub-Recipient (City of Jacksonville) shall provide the Florida Division of Emergency Management (FDEM) with quarterly reports and a close-out report. These reports shall include the current status and progress by the Sub-Recipient and all subcontractors in completing the work described in the Scope of Work and the expenditure of funds under this Agreement, in addition to any other information requested by FDEM. Quarterly Reports to be provided by the Emergency Preparedness Division. Noah Ray, Supervisor, (904) 255-3117
Division Director:	WS	
Prepared By: Now1:	w	Nonn Rey Date: 11/12/2020
		(orangero)

## **ADMINISTRATIVE TRANSMITTAL**

10:	MBRC, c/o Roselyn Chall, Budget C	Office, St. James Suite 325
Thru:		
	(Name, Job Title, Department)	
	Phone:	E-mail:
From:	Steve Woodard, Director of Emergency Prepa	
	Initiating Department Representative (Name	e, Job Title, Department)
	Phone: (904) 255-3123	E-mail: swoodard@coj.net
Primary	Steve Woodard, Director of Emergency Prepa	aredness
Contact:	(Name, Job Title, Department)	
	Phone: (904) 255-3123	E-mail: swoodard@coj.net
CC:	Jordan Elsbury, Director of Intergov	ernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: <u>JElsbury@</u>	<u>Pcoj.net</u>
COU	ICIL MEMBER / INDEPENDENT AC	GENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To	Donny Sidmon Office of Concret O	
То:	Peggy Sidman, Office of General C Phone: 904-630-4647	ounsel, St. James Suite 480 E-mail: psidman@coj.net
₽wi		L-mail. polaritati e cojino.
From:		
	Initiating Council Member / Independent Ag	•
	Phone:	E-mail:
Primary	Steve Woodard, Director of Emergency Prepa	aredness
Contact:	(Name, Job Title, Department)	
	Phone: (904) 255-3123	E-mail: swoodard@coj.net
CC:	Jordan Elsbury, Director of Intergov	rernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: <u>JElsbury</u>	•
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	on from Independent Agencies requi g the legislation.	ires a resolution from the Independent Agency Board
	dent Agency Action Item: Yes	No
•	,	No Attachment: If yes, attach appropriate documentation. If
	Boards Action / Resolution?	no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED