## **LEGISLATIVE FACT SHEET**

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is to enhancing

APPROPRIATION: Total Ar	mount Appropriated \$13,926.00	as follows:	
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each	ch category liste	ed below:
(Name of Fund as it will appear in t	tte of legislation)		
Name of Federal Funding Source(s	From: US Department of Homeland Security	Amount:	\$13,926.00
	To: Fire and Rescue Grants	Amount:	\$13,926.00
Name of State Funding Source(s):	From:	Amount:	
Name of State Funding Source(5),	То:	Amount:	
Name of City of Jacksonville	From:	Amount:	
	То:	Amount:	
Name of Contribution(s):	From;	Amount:	
Marile of Contribution(s).	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	То:	Amount:	
Explain: Where are the funds comithe funding for a specific time frame 122 & 106 regarding funding of ant (Minimum of 350 words - Maximum of Funding for this grant is from the FI Performance Grant-American Relie program were awarded to FDEM by Agency (FEMA), and Grant Progran Department of Emergency Manage The period of performance and but \$13,926.00. The CFDA No. for this reimbursement basis. The City of The funds will be used to purchase	ROPRIATION / FINANCIAL IMPACT / OTH ing from, going to, how will the funds be used? Does a? Will there be an ongoing maintenance? and staticipated post-construction operation costs. if page.)  orida Department of Emergency Management (FDEM of Plan Act (EMPG-ARPA). Agreement No. G0335. For the Department of Homeland Security (DHS), Federal Directorate (GPD) and considered as pass-through ment (FDEM) to the City of Jacksonville/Duval County (Iget period of this grant is from 07/01/2021 to 06/30/2 is opportunity is 97.042. The assistance arrangement lacksonville is not required to match this award with a five (5) Satellite Phone (Portable) Kits w/Florida Sathuipment will be readily available for deployment from the content of the	the funding require affing obligation? P  I) Emergency Mana unds for the EMPG al Emergency Mana funding from the Fig.  021. The award am for this program is any amount of non-filet Service and twe	er Chapters  egement  ARPA grant agement lorida  nount is on a cost ederal funds  nty (20)
Divsion's Disaster Operations Inter	Agency Coordination Center located at 909 Haines S	treet, Jacksonville,	Florida, 32202.

Rev. 8/2/2016 (CLB RM)

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

ACTION ITEMS: Yes	No	In addition of Emparation of the company of the com
Emergency?	×	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
<del></del>		
Federal or State	x	Explanation: If yes, explanation must include detailed nature of mandate
Mandate?		including Statute or Provision.
Fiscal Year		Note: If yes, note must include explanation of all-year subfund carryover
Carryover?		language,
CIP Amendment?	x	Attachment: If yes, attach appropriate CIP form(s). Include justification for
OIF AMENdment:		mid-year amendment.  Attachment & Explanation: If yes, attach the Contract / Agreement and name
Contract / Agreement		of Department (and contact name) that will provide oversight. Indicate if
Approval? ^		negotiations are on-going and with whom. Has OGC reviewed / drafted?
_		Agreement G0335 attached from the Florida Division of Emergency Management. COJ OGC has reviewed and executed the EMPG-ARPA
		agreement. Awaiting return of fully executed agreement from FDEM. The
		Emergency Preparedness Division Director, Todd Smith, will provide oversight of the award
D DO:DTO		
Related RC/BT? ×		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.
Code Exception?		Code Reference: If yes, identify code in box below and provide detailed
	اتا	explanation (including impacts) within white paper.
Related Enacted		Code Reference: If yes, identify related code section(s) and ordinance
Ordinances?	×	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	I ITEMS:	Yes No	)		
Co	ontinuation of Grant?	x	1	Explanation: How will the funds be used? Does t s the funding for a specific time frame and/or mul year of grant? Are there long-term implications fo	ti-year? If multi-year, note
	plus Property Certification? Reporting	x	- 6	Attachment: If yes, attach appropriate form(s).  Explanation: List agencies (including City Counci	
Re	equirements?			Cinclude contact name and telephone number) responds to the following reports:  Quarterly reports due by October 30, 2021, January July 30, 2022.	ponsible for generating
Divis	ion Chief:	26	2	Signature)	Date: <u>8 24/202</u>
Pre	pared By:	<u>-</u>		(signature)	Date:
To	MPDC a/a la	i le		MINISTRATIVE TRANSMITTAL	
То:	IVIDRO, C/O Ja	smine Jo	ruan,	, Budget Office, St. James Suite 325	
Thru:				governmental Affairs, Office of the Mayor	<del>-</del>
	(Name, Job Title Phone: (90	•		E-mail: <u>leeannK@coj.net</u>	
From:	Todd Smith, Di	vision Chie	ef of E	Emergency Preparedness	
		•		ive (Name, Job Title, Department)	
	Phone: 904	4-255-311	18	E-mail: todds@coj.net	
Primary Contact:	Todd Smith, Di			Emergency Preparedness	
	Phone: 904	•	•	E-mail: todds@coj.net	
CC:	Leeann Krieg, I	Director of	Interg	governmental Affairs, Office of the Mayor	
	Phone: (90-	4) 255-50	บไอ	E-mail: leeannK@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 Cr	ouncil Member / Indepe	endent Agency /	/ Constitutional Officer			
	Phone:		E-mail:				
Primary							
Contact:	(Name, Joh	b Title, Department)					
	Phone: _		E-mail:				
CC:	Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor						
	Phone:	(904) 255-5015	E-mail:	leeannK@coj.net			
_	on from In g the legis		es requires a	resolution from the Independent Agency Board			
Independ	lent Agen	ncy Action Item:	Yes No				
E	3oards Ac	tion / Resolution?		Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?			
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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED