LEGISLATIVE FACT SHEET

DATE: 09/09/2	1 BT or RC No): <u>BT21-131</u>
	(Administration & City	Council Bills)
SPONSOR: Emergenc	y Preparedness Division (Department/Division/Agency/Council Me	ember)
Contact for all inquiries and		ency Preparedness
Provide Name:	Todd Smith	
Contact Number:	904-255-3118	_
Email Address:	todds@coj.net	_
1 1 1	this legislation is necessary? Provide; Who, What, When, Whound uncil introduced legislation and the Administration is responsibed mum of 1 page.) $$	
2020 Assistance to Firefighters Grant Program (AFG) is to prote fire-related hazards. The AFG fire departments. The Fiscal Year 2020 Assistance Assistance to Firefighters Grant Department of Homeland Secur objective of providing critically no standards, enhance operational Program represents part of a co DHS. The AFG Program suppo	County Emergency Preparedness Division has been Grant (AFG). The purpose of the Fiscal Year 2020 and the health and safety of the public and firefighting Program accomplishes this by providing financial at the to Firefighters Grant Program (AFG) is a funding Program (AFG). AFG is one of three grant program (DHS) Federal Emergency Management Agence and resources that equip and train emergency perficiencies, foster interoperability, and support comprehensive set of measures authorized by Congress the goal to Strengthen National Preparedness and Strengthen National Preparedness and Strengthen Strengthen Rescue Department Illness and Fitness Program.	O Assistance to Firefighters and personnel against fire and ssistance directly to eligible opportunity under the ams that constitute the ey's (FEMA) focus on the personnel to recognized mmunity resilience. The AFG ress and implemented by and Resilience.
APPROPRIATION: Total Ar List the source <u>name</u> and pro (Name of Fund as it will appear in ti	ovide Object and Subobject Numbers for each Emergency Management Performance	
Name of Federal Funding Source(s)	From: Department of Homeland Security/FEMA	Amount: \$606,167.27
	To: Fire and Rescue Grants	Amount: \$606,167.27
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:

Rev. 8/2/2016 (CLB RM) Page 1 of 6

Name of City of Jacksonville Funding Source(s):	From: Reserve for Federal Programs	Amount: _	\$60,616.73
	TO: Fine and Rescue GRANTS	Amount:	\$ 40,414.3
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond Account(s):	From:	Amount:	
	То:	Amount:	
Explain: Where are the funds com the funding for a specific time fram 122 & 106 regarding funding of ant (Minimum of 350 words - Maximum of The funding for this project is (AFG). Agreement No. EMV the Department of Homeland Grants Programs Directorate Department. The period of performance a awarded/approved budget for funding in the amount of \$60 Jacksonville/Jacksonville Fire equal to or greater than 10% of \$666,784.00. The AFG grant will be utilized Rescue Department's Wellnes members), Peer Fitness Trai	ROPRIATION / FINANCIAL IMPACT / OTing from, going to, how will the funds be used? Does? Will there be an ongoing maintenance? and scipated post-construction operation costs. 1 page.) from FEMA Fiscal Year 2020 Assistance /-2020-FG-10216. Funds for the AFG grance Security (DHS), Federal Emergency Man. (GPD) to the City of Jacksonville/Jackson (GPD) to the City of Jacksonville/Jackson and budget period of this grant is from 07/08 the AFG Grant is \$666,784.00. DHS/FEI 6,167.27. As a condition of this grant, the e and Rescue Department is required to confide the Federal funds awarded, \$60,616.73 to ehance and support the City of Jackon as and Fitness Program with funding for Fining Certification (25 members), Physical Rercise Equipment, Exercise Equipment Program and Program Pr	to Firefighters Gont program are a agement Agency wille Fire and Resolution of the City of City of Contribute non-Fed Son a total appropriate of the Son a total appropriate of Son and Son appropriate of Son a total appropriate of Son and Son appropriate of Son and Son appropriate of Son appropriate of Son and Son appropriate of Son	Per Chapters Frant Program Awarded from (FEMA), and Escue 2023. The Federal deral funds oved budget le Fire and ining (10 , Physical
	andidate CPAT Testing Equipment, and Pl		
	Check List. If "Yes" please provide detail by	y attaching justifi	ication, and
ACTION ITEMS: Yes Emergency?	X Justification of Emergency: If yes, explanation of Emergency.	ation must include d	etailed nature of
Federal or State Mandate?	X Explanation: If yes, explanation must including Statute or Provision.	ude detailed nature o	of mandate

Page 2 of 6 Rev. 8/2/2016 (CLB RM)

Fiscal Year Carryover?	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 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?
	Agreement EMW-2020-FG-10216. DHS/FEMA AFG award/agreement accepted by City of Jacksonville Office of Grant and Contract Compliance. The Emergency Preparedness Division Chief, Todd Smith, will provide oversight of the award.
Related RC/BT? X	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? 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: Purplustification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching 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?

Page 3 of 6 Rev. 8/2/2016 (CLB RM)

Surplus Property Certification? Reporting Requirements?	X	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:		Date: 9/9/2021	
Prepared By: January	7	<u>Shoude</u> (signature) Date: 7/9/201	4

ADMINISTRATIVE TRANSMITTAL

To:	MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325				
Thru:	Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor				
	(Name, Job Title, Department)				
	Phone: 904-255-5015				
From:	Todd Smith, Division Chief of Emergency Preparedness				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone: 904-255-3118				
Primary	Todd Smith, Division Chief of Emergency Preparedness				
Contact:	(Name, Job Title, Department)				
	Phone: 904-255-3118				
CC:	Leeann Krieg, Director of Intergovernmental Affairs, Office of the Mayor				
<u>00.</u>	Phone: 255-5015 E-mail: leeannk@coj.net				
	Priorie. 255-5015 E-mail. <u>Iceanix @ coj.net</u>				
COLINI	CIL MEMBED / INDEDENDENT ACENCY / CONSTITUTIONAL OFFICED TRANSMITTAL				
COUN	CIL 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:	Leeann Krieg, Director of Governmental Affairs, Office of the Mayor				
	904-255-5015 E-mail: <u>LeeannK@coj.net</u>				
Logislatio	on from Independent Agencies requires a resolution from the Independent Agency Board				
•	on from Independent Agencies requires a resolution from the Independent Agency Board at the legislation.				
approvin	g the legislation. dent Agency Action Item: <u>Yes</u> <u>No</u>				
approving Independ	g the legislation.				
approving Independ	g the legislation. dent Agency Action Item: Yes No Attachment: If yes, attach appropriate documentation. If no,				

Page 5 of 6 Rev. 8/2/2016 (CLB RM)

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 6 of 6 Rev. 8/2/2016 (CLB RM)