



APPROPRIATION: Total Amount Appropriated           N/A           as follows:  
 List the source **name** and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

|   |             |               |
|---|-------------|---------------|
| Name of Federal Funding Source(s)               | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name of State Funding Source(s):                | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name of City of Jacksonville Funding Source(s): | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name of In-Kind Contribution(s):                | From: _____ | Amount: _____ |
|   | To: _____   | Amount: _____ |
| Name & Number of Bond Account(s):               | From: _____ | Amount: _____ |
|   | 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.)

There is no City funding involved for this legislation. The facility is required to maintain financial assurance for cleanup if the site is abandoned or is in violation of its CON.

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

**ACTION ITEMS:**

Emergency?  Yes  No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?  Yes  No

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?

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?

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

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 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.

2012-0293 - Initial CON for Gaston Tree Debris Recycling, LLC

**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?

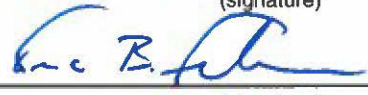
|                                 |                          |                                     |
|---------------------------------|--------------------------|-------------------------------------|
| Surplus Property Certification? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Reporting Requirements?         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Division Chief:   
 (signature)

Date: 10/04/23

Prepared By:   
 (signature)

Date: 10/4/2023

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325

Thru: Nina C. Sickler, P.E., Acting Director of Department of Public Works  
(Name, Job Title, Department)  
Phone: 255-8748 E-mail: NSickler@coj.net

From: Will Williams, M.B.A., Acting Chief of Solid Waste Division, Department of Public Works  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 255-7512 E-mail: WillW@coj.net

Primary Contact: Eric B. Fuller, Environmental Programs Manager, Department of Public Works  
(Name, Job Title, Department)  
Phone: 255-7513 E-mail: efuller@coj.net

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor  
904-667-9326 E-mail: BNorris@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480  
Phone: 904-255-5062 E-mail: mstaff@coj.net

From: \_\_\_\_\_  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CC: Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor  
904-255-5006 E-mail: BNorris@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item:    Yes    No  
Boards Action / Resolution?       

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**