

## LEGISLATIVE FACT SHEET

DATE: 07/25/22

BT or RC No: BT 22-109  
(Administration & City Council Bills)

SPONSOR: Public Works / Solid Waste Division  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: \_\_\_\_\_

Provide Name: Will Williams, Chief of Solid Waste Division

Contact Number: 255-7512

Email Address: willw@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 page.)

The purpose of the budget transfer is to seek City Council Approval for the appropriation of revenues within the Solid Waste Disposal Fund. The Solid Waste Division is experiencing an increase in monthly tonnage received at Trail Ridge Landfill (TRLF) and therefore has increased revenues and related expenses. The budgeted tonnage for fiscal year 2021-2022 is 799,000, but with the surge in tonnage this fiscal year, 687,321 have been disposed at TRLF through June. The projected tonnage for fiscal year 2021-2022 is 916,428 tons. The increased tonnage has caused an increase in expenses related to tonnage. The requested appropriation is needed to cover increased expenses for landfill disposal charges and contractor operating costs at TRLF.

APPROPRIATION: Total Amount Appropriated \$3,300,000.00 as follows:

List the source name 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 Fundin	From: Solid Waste Disposal Fund	Amount: \$3,300,000.00
	To: Solid Waste Disposal Fund	Amount: \$3,300,000.00

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.)

This is appropriating unbudgeted revenue within the Solid Waste Disposal Fund and will not result in any additional to the City.

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

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency. <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language. <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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? <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper. <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
Related Enacted Ordinances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?

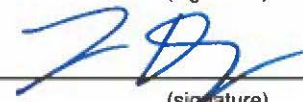
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 generating

Division Chief:   
(signature)

Date: 7/26/22

Prepared By:   
(signature)

Date: 7/25/22

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, Budget Office, St. James Suite 325

Thru: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
\_\_\_\_\_  
(Name, Job Title, Department)  
Phone: 255-5006 E-mail: rachelz@coj.net

From: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
\_\_\_\_\_  
Initiating Department Representative (Name, Job Title, Department)  
Phone: 255-5006 E-mail: rachelz@coj.net

Primary Contact: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
\_\_\_\_\_  
(Name, Job Title, Department)  
Phone: 255-5006 E-mail: rachelz@coj.net

CC: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 255-5006 E-mail: rachelz@coj.net

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

To: Paige Johnston, Office of General Counsel, St. James Suite 480  
Phone: 255-5056 E-mail: pjohnston@coj.net

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

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

CC: Rachel Zimmer, Intergovernmental Affairs Liaison, Office of the Mayor  
Phone: 255-5006 E-mail: rachelz@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**