## **LEGISLATIVE FACT SHEET**

DATE:	10/16/23	BT or RC No:	N/A
		(Administration & City Cour	ncil Bills)
SDONE	OB: Dublic Works / S.	olid Mosto Division	
SPONS	Public Works / Se	olid Waste Division  (Department/Division/Agency/Council Membe	or\
		(Department Division) Agency Council Northbo	
Contact	for all inquiries and presen	tation:	
Provide	Name:	Will Williams, Chief of Solid Waste Division	
	Contact Number:	255-7512	
	Email Address:	willw@coj.net	
		station is necessary? Provide; Who, What, When, Where, Fooduced legislation and the Administration is responsible for	
	n of 350 words - Maximum o		
		ity Council Approval of the application for Non-Residules ubmitted by Five Talent Services dba Mobiledumps of	
Collection	and transportation transmise sc	delinitied by Five Talent Gervices and Monitodamps C	n oax.
	8.		

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APPROPRIATION: Total Ar	nount Appropriated	N/A as follows:
List the source <u>name</u> and pro	vide Object and Subobject Numb	pers for each category listed below:
(Name of Fund as it will appear in t	tle of legislation)	
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
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:
Traine of m-kind continuation(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	То:	Amount:

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## 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.)

Nonresidential franchise hauler applicants mu	ust pay a non-refundable \$1,500 application fee. Approved nonresidential
	equal to 17% of gross receipts. All revenue is deposited into
ACTION ITEMS: Purpose / Check Li code provisions for each.	ist. If "Yes" please provide detail by attaching justification, and
	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X Contract / Agreement Approval? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.  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? X Waiver of Code? X	Attachment: If yes, attach appropriate RC/BT form(s).  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: Purjustification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching
ACTION ITEMS: Yes No  Continuation of Grant? X	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?

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Surplus Property Certification?	х	Attachment: If yes, attach appropriate form(s).	
Reporting Requirements?	х	Explanation: List agencies (including City Council / Auditor and frequency of reports, including when reports are due. F (include contact name and telephone number) responsible	Provide Department
_			
Division Chief:	16	Date	: 10/16/2023
Prepared By:	Bul	(signature) Date	: 10/16/2023
11100	,,,,	(signature)	

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## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Hieu Nguyen, Budge	et Office, St. James Suite 325	
Thru:	Nina Sickler, P.E., Director of Public Works		
	(Name, Job Title, Department)		
	Phone: 255-8707	E-mail: nsickler@coj.net	
From:	Will Williams, Chief of Solid Waste	Division /	
	Initiating Department Representative (N	Name, Job Title, Department)	
	Phone: 255-7512	E-mail: willw@coj.net	
Primary	Will Williams, Chief of Solid Waste Division	on, Department of Public Works	
Contact:	ntact: (Name, Job Title, Department)		
	Phone: 255-7512	E-mail: willw@coj.net	
CC:	Brittany Norris, Inter-governmen	ntal Liaison, Office of the Mayor	
	904-667-9326 E-mail: <u>bnorris</u>	s@coj.net	
COUN	CIL MEMBER / INDEPENDENT	AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL	
9-244			
To:		eral Counsel, St. James Suite 480	
	Phone: 904-255-5050	E-mail: mfackler@coj.net	
From:			
	Initiating Council Member / Independen	nt Agency / Constitutional Officer	
	Phone:	E-mail:	
Primary		2000	
	(Name, Job Title, Department)		
	Phone:	E-mail:	
CC:	Brittany Norris, Inter-governmen		
CC.	Difficity Monts, inter-governmen	ital Liaison, Office of the Mayor	
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	904-667-9326 E-mail: <u>bnorris</u>	s@coj.net	
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approvir Indepen	904-667-9326 E-mail: bnorris	equires a resolution from the Independent Agency Board	

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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