LEGISLATIVE FACT SHEET

DATE:	11/18	5/19	2	BT or RC No:	N/A	
	30 31		(Adm	inistration & City Cou	ncil Bills)	
SPONSO	R: Public \	Works / Solid W				
		Í	(Department/Division/A	gency/Council Memb	er)	
Contact f	or all inquiries ar	nd presentation	<u> </u>			
Provide N	lame:		Will Williams, Chief o	f Solid Waste Division	n	
	Contact Number	r:	255-7512	*	. <u> </u>	
	Email Address:		willw@coj.net			
			necessary? Provide; Who legislation and the Admini			Council
	of 350 words - M			***		
			ncil Approval to transfe g to WCA of Florida, Ll		Solid Waste Collec	ction and
rianoporta		Sunorimo ricoyona	g to tront of Florida, Es			
li i						

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APPROPRIATION: Total Ar	mount Appropriated N/A	as follows:
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each	category listed below:
(Name of Fund as it will appear in t	itle 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:
realite of in-failed containation(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.) All nonresidential franchise haulers pay a 17% monthly franchise fee. Revenue is deposited into PWSW441DO - 32370. ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each. **ACTION ITEMS:** No Justification of Emergency: If yes, explanation must include detailed nature of **Emergency?** Х emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate?

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Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
· <u>_</u> _	
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? 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?	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
·	
Related Enacted X 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.
	2004-0663
ACTION ITEMS CONTINUED: Purp justification, and code provisions for	cose / 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?

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Surplus Property Certification?	x	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	x	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
	·//	Date: 11/15/19
Division Chief:		(signature)
Prepared By: Nicke	an	(signature) Date://///

ADMINISTRATIVE TRANSMITTAL

То:	MBRC, c/o Roselyn Chall, Budget C	Office, St. James Suite 325		
Thru:	John P. Pappas, P.E., Director of Public Works			
	(Name, Job Title, Department)			
	Phone: <u>255-8707</u> E-	mail: pappas@coj.net		
From:	Will Williams, Chief of Solid Waste Divis	sion		
	Initiating Department Representative (Name	, Job Title, Department)		
	Phone: 255-7512 E-	mail: willw@coj.net		
Primary	Trim trimanio, Ginor of Cond tracto Bitiolon, B.	epartment of Public Works		
Contact:	(Name, Job Title, Department)			
	Phone: 255-7512 E-	mail: willw@coj.net		
CC:	Jordan Elsbury, Director of Intergov	ernmental Affairs, Office of the Mayor		
	904-630-1825 E-mail: jelsbury@	©coj.net		
COUN	ICIL MEMBER / INDEPENDENT AGI	ENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
		VALUE		
То:	Peggy Sidman, Office of General Co			
То:		ounsel, St. James Suite 480 mail: psidman@coj.net		
To: From:				
		mail:psidman@coj.net		
	Phone: 904-630-4647 E-Initiating Council Member / Independent Age	mail:psidman@coj.net		
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FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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