

# LEGISLATIVE FACT SHEET

DATE: June, 2012

BT OR RC NUMBER: \_\_\_\_\_  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

To approve Non-Residential Solid Waste Collection and Transportation Franchise for Waste Disposal services, LLC.

**APPROPRIATION :** Total Amount Appropriated: \$ N/A as follows:

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

Name of Federal Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of City of Jax Funding Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of In-Kind Contribution Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Bond Acct \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number \_\_\_\_\_

**IMPACT - FINANCIAL/OTHER:**

**ACTION ITEMS:**

Emergency?	Yes ___	No <u>X</u>	Justification: _____
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Federal or State Mandates	Yes ___	No <u>X</u>	
Fiscal Year Carryover?	Yes ___	No <u>X</u>	
CIP Amendment?	Yes ___	No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes ___	No <u>X</u>	(Attach a copy only)
C/A negotiations on-going?	Yes ___	No <u>X</u>	
Oversight Department Required?	Yes ___	No <u>X</u>	Name of Dept. _____
Related RC?/BT?	Yes ___	No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes ___	No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes ___	No <u>X</u>	
Surplus Property Certification?	Yes ___	No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes ___	No <u>X</u>	# of Previous Ord. N/A
Report Required to City Council/Council Auditors	Yes ___	No <u>X</u>	Date _____ Frequency _____

**ADMINISTRATION TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

CC: Chris Hand, Chief of Staff  
Mayor's Office, Fourth Floor, City Hall at St. James

From: Jeffrey S. Foster, P.G., Acting Chief, Public Works Solid Waste Division  
(Name, Job Title, Department)

Phone: 255-7512 Fax: 387-8905 E-mail: jsfoster@coj.net

Contact person: Jeffrey S. Foster, P.G., Public Works Department, Solid Waste Division  
(Name, Job Title, Department)

Phone: 255-7512 Fax: 387-8905 E-mail: jsfoster@COJ.NET

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

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel  
Suite 480, City Hall at St. James

From: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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