

**LEGISLATIVE FACT SHEET**      2014-0282

DATE: 02/14/14

BT or RC No: \_\_\_\_\_  
(Administration Bills)

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

**PURPOSE/SUMMARY:**

Second Amendment to contract 9165 (ADS) for setting rates from the 2013 rate review for Service Area I, setting a base rate of \$9.69 per premise, setting fuel caps for FY13/14, FY14/15 and FY15/16, setting the premise count conducted during the rate review and providing rates and compensation for the change of disposal site.

APPROPRIATION: Total Amount Appropriated: \$8,195,835.60 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: PWSW441COAD, 03407, CTPW08000002-01 Amount: \$8,195,835.60

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

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

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANCIAL / OTHER:**

Reduction in per premise rate from \$10.41 to \$9.69

**ACTION ITEMS:**

	Yes	No	
Emergency?	<input type="checkbox"/>	<input type="checkbox"/>	Justification of Emergency: _____
Federal or State Mandates?	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach CIP Form(s))
CIP Amendment?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input type="checkbox"/>	Name of Dept.: _____
C/A Negotiations On-going?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Oversight Department Required?	<input type="checkbox"/>	<input type="checkbox"/>	Identify Code: _____
Related RC/BT?	<input type="checkbox"/>	<input type="checkbox"/>	Identify Code: _____
Waiver of Code?	<input type="checkbox"/>	<input type="checkbox"/>	
Code Exception?	<input type="checkbox"/>	<input type="checkbox"/>	
Continuation of Grant?	<input type="checkbox"/>	<input type="checkbox"/>	
Surplus Property Certification?	<input type="checkbox"/>	<input type="checkbox"/>	(Attach a copy)
Related Enacted Ordinances?	<input type="checkbox"/>	<input type="checkbox"/>	Ordinance #: _____
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____ Frequency: _____

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Cc: Chris Hand, Chief of Staff, Office of the Mayor

From: Jeffrey S. Foster, P.E., P.G, Division Chief, PWSW

(Name, Job Title, Department)

Phone: 904.255.7512

E-mail: jsfoster@coj.net

Contact Jeffrey S. Foster, P.G., P.E., Division Chief, PWSW

Person: (Name, Job Title, Department)

Phone: 904.255.7512

E-mail: jsfoster@coj.net

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

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 630-4647

E-mail: psidman@coj.net

From: \_\_\_\_\_

(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact \_\_\_\_\_

Person: (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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