LEGISLATIVE FACT SHEET 2014-0284

DATE:	02/14/14		BT or RC No:				
				(Adı	ministration Bi	lls)	
SPONSOR:	Department of Pub	lic Worl	ks Sol	id Waste Divisio	on		
		(Dep	artmen	t/Division/Agency/	Council Memb	er)	
PURPOSE/S	SUMMARY:						
III, setting a bas	nt to amended and restated se rate of \$11.47 per premise d during the rate review and	e, setting	fuel cap	s for FY13/14, FY	14/15 and FY	15/16, setting	g the premise
APPROPRIA	ATION: Total Amount	Appropri	iated:	\$9,7	14,196.80	as follows	s:
(Name of Fund	as it will appear in title of leg	islation)					
Name of Federa	al Funding Source:					Amount:	
Name of State Funding Source:						Amount:	
Name of City of Jax Funding Source: PWSW441COAD, 03407, CTPW08000003-01						Amount:	\$9,714,196.80
Name of In Kind Contribution:					Amount:		
Name of Bond Acct:							
Bond Account N						Amount:	
	NANICIAL / OTHER:						
review was not	premise rate from \$10.36 to completed. This results in a crease to the enterprise fund	net increa					
ACTION ITE	MS·	Yes	No				
Emergency				Justification of E	mergency:		
	State Mandates?						
Fiscal Year	Carryover?						
CIP Amendment?				(Attach CIP Forn	n(s))		
Contract / A	Agreement (C/A) Approval?			(Attach a copy)			
C/A Negotia	ations On-going?						
Oversight D	Department Required?			Name of Dept.:			
Related RC	C/BT?			(Attach a copy)			
Waiver of C	Code?			Identify Code:			
Code Exce	ption?			Identify Code:			***************************************
Continuatio	n of Grant?						
*	perty Certification?		\coprod	(Attach a copy)			
	acted Ordinances?		lacksquare	Ordinance #:			
Report Req Council At	uired to City Council or uditors?			Date:	F	requency:	

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: <u>jsfoster@coj.net</u>				
Contact Jeffrey S. Foster, P.G., P.E., Division Chief, PWSW						
Person: (Name, Job Title, Department)						
	Phone: 904.255.7512 E	-mail: <u>jsfoster@coj.net</u>				
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:						
1 10111.	(Name, Job Title, Department)					
		-mail:				
0						
Contact Person: (Name, Job Title, Department)						
reison.						
	Phone:E	-mail:				
Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.						

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED