LEGISLATIVE FACT SHEET 2015-0147

DATE: February 11, 2015	TE: February 11, 2015 BT OR 1 (Adminis			
SPONSOR (Department/Division/Agency	y/Council	Member): <u>F</u>	Public Works/ Solid Waste Division	
PURPOSE/SUMMARY: To provide a 10 day temporary waiver of the and sign buy back event scheduled for Marc			license requirement for the waste tire	
APPROPRIATION: Total Amount Appro	opriated:	\$ N/A	as follows:	
(Name of Fund as it will appear in title of	legislatio	on)		
Name of Federal Funding Source:	Amount: \$			
Name of State Funding Source:	Amount: \$			
Name of City of Jax Funding Source:				
Name of In-Kind Contribution Source:			Amount: \$	
Name of Bond Acct	_ Amount: \$			
Number				
IMPACT - FINANCIAL/OTHER:				
ACTION ITEMS:				
Emergency?	Yes	No _X	Justification:	
Federal or State Mandates	Yes	No _X_		
Fiscal Year Carryover?	Yes	No _X_		
CIP Amendment?	Yes	No _X_	(Attach CIP form)	
Contract/Agreement (C/A) Approval	Yes	No _X_	(Attach a copy only)	
C/A negotiations on-going?		No _X_		
Oversight Department Required?		No _X_	Name of Dept	
Related RC?/BT?		No_X_	(Attach a copy)	
Waiver of Code?		No_X_	(Identify Code Provision)	
Code Exception?		No _X_	(Identify Code Provision)	
Continuation Grant?		No _X_	24 m - 5	
Surplus Property Certification?		No_X_	(Attach a copy)	
Related Enacted Ordinances?	Yes			
Report Required to City Council/Council			Date Frequency	
	1 (3	No _X	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:	n: Eric B. Fuller, Landfill Environmental Scientist, Public Works, Solid Waste Division (Name, Job Title, Department)				
	Phone: <u>255-7513</u>	Fax: 387-8905	E-mail: EFULLER@COJ.NET		
Contact person: Eric B. Fuller, Landfill Environmental Scientist, Public Works Department, Solid Waste Division (Name, Job Title, Department)					
	,	Fax: <u>387-8905</u>	E-mail: EFULLER@COJ.net		
То:		BER / INDEPENDENT AGE OFFICER TRANSMIT 30-7130) Office of General Counsel at St. James	<u>rtal</u>		
From:	(Name, Job Title, Departm	ent)			
			E-mail:		
Contac	et person:				
	Phone:	, Job Title, Department) Fax:	E-mail:		
	ation from Independe ving the legislation.	nt Agencies requires a resolution fro	m the Independent Agency Board		

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED