LEGISLATIVE FACT SHEET 2015-0374

DATE: April 14, 2015		BT OR RC NUMBER:(Administration Bills)		
SPONSOR (Department/Division/Agency	//Council l	Member): P	Public Works/ Solid Waste Division	
PURPOSE/SUMMARY: To approve the Certificate of Public Conven Materials Recycling and Diversion facility.	ience and	Necessity (CON) for Hrustic Brothers, Inc.	
APPROPRIATION: Total Amount Appro	opriated: §	S N/A	as follows:	
(Name of Fund as it will appear in title of	legislatio	n)		
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?	Yes	No _X_		
Oversight Department Required?	Yes		Name of Dept	
Related RC?/BT?	Yes		(Attach a copy)	
Waiver of Code?	Yes		(Identify Code Provision)	
Code Exception?	Yes		(Identify Code Provision)	
Continuation Grant?	Yes			
Surplus Property Certification?	Yes		(Attach a copy)	
Related Enacted Ordinances?	Yes	-		
Report Required to City Council/Cou			Data	
	r es	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:	m: <u>Jeffrey S. Foster, Chief, Public Works, Solid Waste Division</u> (Name, Job Title, Department)								
	Phone: <u>255-7</u>	512	Fax:	387-8905	E-mail: JSFOSTER@COJ.NET				
	Division	. Fuller, Landi Name, Job Title, D		tal Scientist, Pr	ublic Works Department, Solid				
	Phone: 255-75	13	Fax: 387-8905		E-mail: EFULLER@COJ.net				
То:	Peggy Sidman (Suite 480, City	<u>Ol</u> 630-4647), Of	FFICER TR	ANSMITTA	CY / CONSTITUTIONAL AL				
From:	(Name, Job Title, De								
					E-mail:				
Contac	et person:								
	Phone:	Name, Job Title, D	epartment) Fax:		E-mail:				
	ation from Indepring the legislation		es requires a res	solution from th	ne Independent Agency Board				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED