LEGISLATIVE FACT SHEET

DATE:	11/01/16	BT or RC No:
SPONSOR:	Public Works / Solid W	/aste Division Department/Division/Agency/Council Member)
Contact for all in	quiries and presentations	
Provide Name:		Will Williams
Contac	t Number:	255 - 7512
Email A	Address:	Willw@coj.net
Research will complete (Minimum of 350 of The landfill contains Under the three party system is required to the landfill, on the Science on the system and it to the fact that the pidumped on the hill. I landfill was not meet series of "commerciae corrective steps were the corrective steps of the steps were the corrective steps w	this form for Council introduced I words - Maximum of 1 pag a gas system which collects t y agreement between the City of deliver 87 million British The outhern half of the hill, is not n is components. Gas collection pes which are part of the system of the city received a notice of sing its required daily quota of ally reasonable efforts", steps to completed and the deficience.	necessary? Provide; Who, What, When, Where, How and the Impact.) Council edislation and the Administration is responsible for all other legislation. (g.) he gas generated from decomposing waste deposited in the landfill. for, Trail Ridge Landfill Inc. and Trail Ridge Landfill Energy Inc. the gas mal Units (MMBTU) of gas per hour per day. The current gas system at neeting the gas delivery requirements due to the age and wear and tear is systems in landfills require repair/ or replacement from time to time due em often get crushed, or kinked, from the weight of the garbage being ubstandard delivery from Trail Ridge Landfill Energy notifying us that the MMBTU's. When a notice of substandard deliveries is received there is a A - K, which are taken in order to diagnose and repair the issue. The les with the gas delivery system persisted. Once it was determined that the issues with the system, the decision was made to replace the system.

APPROPRIATION: Total A	mount Appropriated \$1,135,174.00	as follow	S:
List the source name and pro	ovide Object and Subobject Numbers for each	n category lis	sted below:
(Name of Fund as it will appear in t	itle of legislation)		
Name of Federal Funding Source(s)	From:	Amount:	
	То:	Amount:	
Name of State Funding Source(s):	From:	Amount:	
	То:	Amount:	
Name of City of Jacksonville	From: Solid Waste Disposal Fund	Amount:	\$1,135,174.00
Funding Source(s):	To: Solid Waste Capital Projects Fund	Amount:	\$1,135,174.00
Name of In-Kind Contribution(s):	From:	Amount:	
	То:	Amount:	
Name & Number of Bond	From:	Amount:	
Account(s):	То:	Amount:	

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

The BT is appropriating pay-go dollars from the Solid Waste Disposal Fund to the Solid Waste Capital Projects Fund. Th funding will be used to replace the gas system on the Southern half of the hill at the Trail Ridge Landfill. Utilization of

funding will be used to replace the gas syst	the Solid Waste Disposal Fund to the Solid Waste Capital Projects Fund. The em on the Southern half of the hill at the Trail Ridge Landfill. Utilization of id Waste Disposal Fund from incurring any debt in order to complete this project he three party agreement.
ACTION ITEMS: Purpose / Check code provisions for each.	List. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No Emergency? X	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate? X	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Page 5 of 9 Rev. 8/2/2016 (CLB RM)

Fiscal Year Carryover?		x	Note: If yes, note must include explanation of all-year subfund carryover language.
		100	Carryover language is not necessary when appropriating to an all-years subfund because all-years funds do not lapse at the end of a fiscal year.
CIP Amendment? Contract / Agreement Approval?	Х	х	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment. Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? Public Works / Solid Waste Division will provide oversight of this.
Related RC/BT? Waiver of Code?	Х	х	Attachment: If yes, attach appropriate RC/BT form(s). Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception?		х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?		x	Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.
ACTION ITEMS CONT justification, and code			pose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Continuation of Grant?	Yes	No X	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?
Surplus Property Certification?		x	Attachment: If yes, attach appropriate form(s).

Reporting X Requirements?	explanation: List agencies (including City Cou and frequency of reports, including when reports) (include contact name and telephone number)	rts are due. Provide Department
Division Chief:	(signature)	Date:
Prepared By: Muchs	(signature)	Date: 11/1/2016

ADMINISTRATIVE TRANSMITTAL

	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	John P. Pappas, P.E., Director of Public Works
	(Name, Job Title, Department)
	Phone: 255 - 8707
From:	Will Williams, Chief, Solid Waste Division
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 255 - 7512 E-mail: Willw@coj.net
Primary	
Contact:	(Name, Job Title, Department)
	Phone: E-mail:
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: akshelton@coj.net
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
_	
To:	Paggy Sidman Office of Coneral Councel St. James Suite 480
To:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coi.net
	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
To: From:	Phone: 904-630-4647 E-mail: psidman@coj.net
	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer
From:	Phone: 904-630-4647 E-mail: psidman@coj.net
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department)
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
From: Primary	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
From: Primary Contact:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:
From: Primary Contact:	Phone: 904-630-4647 E-mail: psidman@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
From: Primary Contact: CC:	Phone: 904-630-4647
From: Primary Contact: CC: Legislatic	Phone:
From: Primary Contact: CC: Legislatic	Phone: 904-630-4647
Primary Contact: CC: Legislatic approvin	Phone:

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 8 of 9 Rev. 8/2/2016 (CLB RM)