LEGISLATIVE FACT SHEET

DATE:	07/11/17	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:		Public Works / Solid Waste
		(Department/Division/Agency/Council Member)
Contact for all inc	quiries and presentatio	18
Provide Name:		John P. Pappas P.E., Director of Public Works
Contact	Number:	255 - 8707
Email A	ddress:	pappas@coj.net
Research will complete (Minimum of 350 v The purpose of this le a recent audit the Co changes are: (1) List	this form for Council introduce words - Maximum of 1 pages egislation is to seek City Council Auditor's Office has readministrative, late, lease,	uncil approval to authorize changes to Municipal Code 380 Part 6. Due to commended changes to Municipal Code 380 Part 6. Recommended fuel, environmental, delivery, rental and paper invoice fees as part of the
penalty for late subm Increase penalty for I	ission of audited annual reparts at the audited annual reparts at the submission of monthly	orts based on recommendations from Risk Management. (3) Include a port. (4) Include a penalty for late franchise renewal application. (5) report and franchise fee. (6) Franchise fee must be listed separately on s. (7) Franchisee is responsible for franchise fee when working with a
broker company.		

APPROPRIATION: Total Ar	nount Appropriated	as follows:			
List the source <u>name</u> and provide Object and Subobject Numbers for each category listed below:					
(Name of Fund as it will appear in ti	tle of legislation)				
Name of Federal Funding Source(s)	From:	Amount:			
	То:	Amount:			
Name of State Funding Source(s):	From:	Amount:			
reame of otate i anding obdice(s).	То:	Amount:			
Name of City of Jacksonville	From:	Amount:			
Funding Source(s):	То:	Amount:			
Name of In-Kind Contribution(s):	From:	Amount:			
Name of In-Kind Contribution(s).	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.)

There are currently 10 nonresidential franchi PWSW441DO - 32370.	ise haulers paying a monthly franchise fee. Revenue is deposited into
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.
F = 1 = 0	
Federal or State X Mandate?	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Page 3 of 6

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X Contract / Agreement Approval? X	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?
Related RC/BT? X Waiver of Code? X	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? X	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
Related Enacted Ordinances?	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 CONTINUED: Pu justification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching or each.
ACTION ITEMS: Yes No Continuation of Grant?	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?	Attachment: If yes, attach appropriate form(s).

Reporting X Requirements?	Explanation: List agencies (including City Council / Au and frequency of reports, including when reports are c (include contact name and telephone number) respon	due. Provide Department
Division Chief:	(signature)	Date: 7/11/17
Prepared By: Multiby	(signature)	Date: 7/11/17

ADMINISTRATIVE TRANSMITTAL

То:	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 E-mail: <u>pappas@coj.net</u>
From:	
1 10111.	Initiating Department Representative (Name, Job Title, Department)
	Phone: E-mail:
Primary	
Contact:	John P. Pappas, P.E., Director of Public Works (Name, Job Title, Department)
	(Name, Job Title, Department)
	Phone: 255 - 8707 E-mail: <u>pappas@coj.net</u>
CC:	Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: <u>akshelton@coj.net</u>
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
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To:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net
	E-mail. psidman@coj.net
From:	
	Initiating Council Member / Independent Agency / Constitutional Officer
	Phone: E-mail:
Primary	
Contact:	(Name, Job Title, Department)
Contact:	
	(Name, Job Title, Department) Phone: E-mail:
Contact:	(Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor
	(Name, Job Title, Department) Phone: E-mail:
CC:	(Name, Job Title, Department) Phone: E-mail:
CC:	(Name, Job Title, Department) Phone:
CC: Legislati	(Name, Job Title, Department) Phone: E-mail: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor 904-630-1825 E-mail: akshelton@coj.net on from Independent Agencies requires a resolution from the Independent Agency Board og the legislation.
CC: Legislati approvir Indepen	(Name, Job Title, Department) Phone:
CC: Legislati approvir Indepen	(Name, Job Title, Department) Phone:

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

Page 6 of 6