LEGISLATIVE FACT SHEET

DATE:	07/31/17	BT or RC No:
	···	(Administration & City Council Bills)
SPONSOR:		Public Works / Solid Waste
		(Department/Division/Agency/Council Member)
Contact for all in	quiries and present	ations
Provide Name:		John P. Pappas P.E., Director of Public Works
Contac	t Number:	255-8707
Email /	Address:	pappas@coj.net
Research will complet		ation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council duced legislation and the Administration is responsible for all other legislation.
380.207 to provide automated areas. I collection areas to be residents in the non waste collected weet. The purpose of this	different limits for the co mplementation of autom lave two-cubic yards of l -automated collection ar ekly.	lection of building materials and industrial waste in non-automated and lection of building materials and industrial waste in non-automated and leation in two of the four collection service areas, residents in the automated building materials and industrial waste collected every other week, while the reas will continue to have one cubic yard of building materials and industrial by Council approval to amend Municipal Code Chapter 382 Part 4, Section citual agreement.

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APPROPRIATION: Total Ar	as follows:	
List the source name and pro	ovide Object and Subobject Numbers for each o	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:
Traine of State Fallening Source(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 III-Kind Continuation(s).	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:

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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.) No financial impact anticipated from these cha	anges.
ACTION ITEMS: Purpose / Check Li code provisions for each.	ist. If "Yes" please provide detail by attaching justification, and
	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
Federal or State Mandate?	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

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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: Pujustification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching or each.
ACTION ITEMS: Yes No Continuation of Grant? 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?	Attachment: If yes, attach appropriate form(s).

Reporting X Requirements?	Explanation: List agencies (including City Coand frequency of reports, including when repulsional contact name and telephone number	orts are due. Provide Department
lea lea		
Division Chief:	(signature)	Date: 7-31-2017
Prepared By: Sole He	(signature)	Date: 7.31.2017

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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 E-mail: <u>pappas@coj.net</u>	_			
From:	Will William, Division Chief				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone: 255-7500 E-mail: <u>WillW@coj.net</u>	_			
Primary	John P. Pappas P.E., Director of Public Works				
Contact:	(Name, Job Title, Department)				
	Phone: 255-8707 E-mail: pappas@coj.net	_			
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	:			
То:	Peggy Sidman, Office of General Counsel, St. James Suite 480				
10.	reguy Sidiliali. Office of General Coursel, St. James Suite 400				
	TO SHEET OF THE CONTROL OF CONTROL OF THE CONTROL O				
F	Phone: 904-630-4647 E-mail: psidman@coj.net				
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	Phone: 904-630-4647 E-mail: psidman@coj.net	<u>-</u>			
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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				
Primary Contact: CC:	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 904-630-1825 E-mail: akshelton@coj.net				
Primary Contact: CC:	Phone: 904-630-4647				
Primary Contact: CC: Legislati approvin	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 904-630-1825 E-mail: akshelton@coj.net on from Independent Agencies requires a resolution from the Independent Agency Boarding the legislation.				
Primary Contact: CC: Legislati approvin	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 904-630-1825 E-mail: akshelton@coj.net fon from Independent Agencies requires a resolution from the Independent Agency Board agency Action. Item: Yes No Reards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no				
Primary Contact: CC: Legislati approvin	Phone: 904-630-4647				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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