## **LEGISLATIVE FACT SHEET**

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APPROPRIATION: Total Amount Appropriated \$33,401,502.00 as follows:

List the source name and provide Object and Subobject Numbers for each category listed 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: General Fund - Contingency Reserve - Landfill	Amount:	\$9,000,000.00
Funding Source(s):	To: Solid Waste Enterprise	Amount:	\$9,000,000.00
Name of In-Kind Contribution(s):	From:	Amount:	
	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.)

General Fund Contingency Reserve for Land Contingency funds will be loaned to Solid W the current general fund cash advance that v requirements. An illustrative loan repayment beginning in FY20 and final payoff in FY25.	ojected FY18 savings on debt service from the Debt Management Fund to a dfill Closure Costs. These funds combined with existing Landfill Closure Cost vaste to be escrowed for Post Closure Cost Reserves. This loan will replace was put into place at the end of FY17 to meet the FDEP landfill closure escrow to schedule is attached to the legislation, with loan principal repayments. Interest will be accrued effective October 1, 2018 at a rate equivalent to the nat time, and adjusted annually with each annual budget.
ACTION ITEMS: Purpose / Check L code provisions for each.	ist. 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.  The Federal EPA, State DEP, and governmental accounting standards require that counties whom operate a landfill keep adequate reserves for closure and post-closure costs.

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Fiscal Year Carryover? x	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: Purp justification, and code provisions for	pose / Check List. If "Yes" please provide detail by attaching 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 Requirements?	Explanation: List agencies (including City Counc and frequency of reports, including when reports (include contact name and telephone number) re	are due. Provide Department
Division Chief:	(Signature)	Date: 6/19/18
Prepared By:	tuk gen (signature)	Date: 6/19/15

## **ADMINISTRATIVE TRANSMITTAL**

To:	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325
Thru:	Mike Weinstein, Director, Finance and Administration Department
	(Name, Job Title, Department)
	Phone: 630-7660 E-mail: <u>mweinstein@coj.net</u>
From:	Joey Greive, Treasurer, Finance and Administration Department
	Initiating Department Representative (Name, Job Title, Department)
	Phone: 630-5940 E-mail: pgreive@coj.net
Primary	Joey Greive, Treasurer, Finance and Administration Department
Contact:	(Name, Job Title, Department)
	Phone: 630-5940 E-mail: pgreive@coj.net
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
	904-630-1825 E-mail: jelsbury@coj.net
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
To	Penny Sidman, Office of General Counsel, St., James Suite 480
То:	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  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:
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:
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 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:  Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
From: Primary Contact: CC:	Phone:
From: Primary Contact: CC:	Phone:
From: Primary Contact: CC: Legislati approvir	Phone:
Primary Contact: CC: Legislati approvir Indepen	Phone:

## FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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