LEGISLATIVE FACT SHEET

06/26/18 DATE:

BT or RC No: N/A (Administration & City Council Bills)

SPONSOR: Public Works / Solid Waste Division

(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation:

Provide Name:	Will Williams, Chief of Solid Waste Division	
Contact Number:	255-7512	
Email Address:	willw@coj.net	

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

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

The purpose of this legislation is to seek City Council Approval of the application for Non-Residential Solid Waste Collection and Transportation Franchise submitted by J. B. Coxwell Contracting, Inc., d.b.a. All American Roll Off & **Recycling Services.**

APPROPRIATION: Total Amount Appropriated

N/A as follows:

APPROPRIATION: Total Amount Appropriated N/A 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 title of legislation)

Name of Federal Funding Source(s)	From: To:	Amount:
		Amount.
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville Funding Source(s):	From:	Amount:
	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
	То:	Amount:
Name & Number of Bond Account(s):	From:	Amount:
	To:	Amount:

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

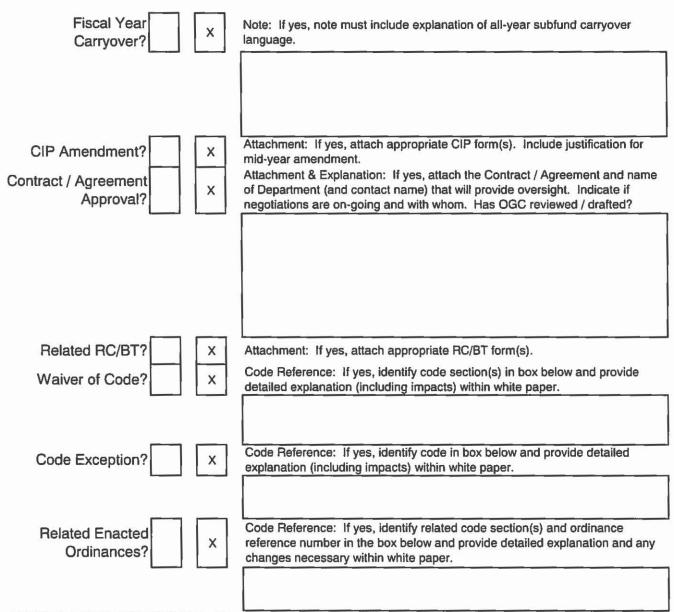
Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation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

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

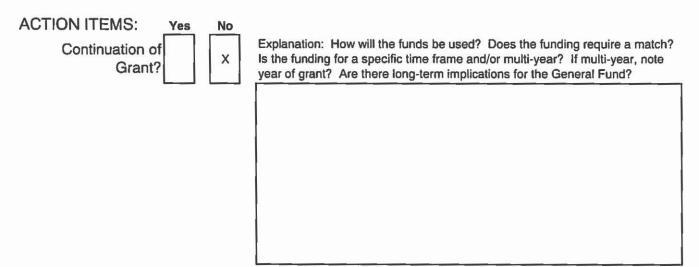
Nonresidential franchise hauler applicants must pay a non-refundable \$1,500 application fee. Approved nonresidential franchise haulers pay a monthly franchise fee equal to 17% of gross receipts. All revenue is deposited into PWSW441DO - 32370.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS: Yes No Emergency?	_	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.



ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.



Surplus Property Attachment: If yes, attach appropriate form(s). х **Certification?** Explanation: List agencies (including City Council / Auditor) to receive reports Reporting X and frequency of reports, including when reports are due. Provide Department **Requirements?** (include contact name and telephone number) responsible for generating Date: 6/26/18 Date: 6/26/18 (signature) Nictuilbrochin Division Chief: Prepared By:

(signature)

ADMINISTRATIVE TRANSMITTAL

To:	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:	m: Will Williams, Chief of Solid Waste Division				
	Initiating Department Representative (Name, Job Title, Department)				
	Phone: 255-7512 E-mail: <u>willw@coj.net</u>				
Primary	The transformer of one tracto printer of a spectration of the tracto				
Contact:	(Name, Job Title, Department)				
	Phone: 255-7512 E-mail: willw@coj.net				
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor				
	904-630-1825 E-mail: jelsbury@coj.net				

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

То:	Peggy Sidman, Office of General Counsel, St. James Suite 480 Phone: 904-630-4647 E-mail: psidman@coj.net				
From:					
	Initiating Council Member / Independent Agency / Constitutional Officer				
	Phone: E-mail:				
Primary					
Contact:	act: (Name, Job Title, Department)				
	Phone: E-mail:				
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor				
	904-630-1825 E-mail: jelsbury@coj.net				
	on from Independent Agencies requires a resolution from the Independent Agency Board og the legislation.				
Independ	dent Agency Action Item: Yes No				
E	Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no,				

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

when is board action scheduled?