LEGISLATIVE FACT SHEET

DATE:	01/10/19	BT or RC No:	N/A
		(Administration & City Council	Bills)
SPONSO	Public Works / S	Solid Waste Division	
		(Department/Division/Agency/Council Member)	
Contact 1	or all inquiries and preser	ntations	
Provide I	Name:	Will Williams, Chief of Solid Waste Division	
	Contact Number:	255-7512	***
	Email Address:	willw@coj.net	
		with ecojinot	
		slation is necessary? Provide; Who, What, When, Where, How roduced legislation and the Administration is responsible for all	
	n of 350 words - Maximum o		•
The purpos	e of this legislation is to seek C	city Council Approval of the application for Non-Resident	ial Solid Waste
Collection	and Transportation Franchise s	ubmitted by JJ's Waste & Recycling.	
l l		*	

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APPROPRIATION: Total A	mount Appropriated N/A	as follows:
List the source <u>name</u> and pro	ovide 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:	Amount:
Funding Source(s):	То:	Amount:
Name of In-Kind Contribution(s):	From:	Amount:
Traine of In-raina Continuation(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)

(Minimum of 330 Mords - Maximum of T bage.)	The state of the s
Nonresidential franchise hauler applicants m	nust pay a non-refundable \$1,500 application fee. Approved nonresidential
franchise haulers pay a monthly franchise fe 32370.	ee equal to 17% of gross receipts. All revenue is deposited into PWSW441DO -
1 Section 1	
ACTION ITEMS: Purpose / Check L	ist. If "Yes" please provide detail by attaching justification, and
code provisions for each.	
,	
ACTION ITEMS: Yes No	
3 3 3 4 4 5 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5	Justification of Emergency: If yes, explanation must include detailed nature of
Emergency? X	emergency.
	l
	l
Federal or State	Explanation: If yes, explanation must include detailed nature of mandate
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.
Guily Svoi :	
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement	Attachment & Explanation: If yes, attach the Contract / Agreement and name
Approval?	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	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	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	Code Reference: If yes, identify related code section(s) and ordinance
Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
	
ACTION ITEMS CONTINUED: Pure	bose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions for	
ACTION ITEMS: Yes No	
Continuation of 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
Grant?	year of grant? Are there long-term implications for the General Fund?

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Surplus Property Certification?	x	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	×	Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating
Division Chief:	Wh	(signature) Date: 1/10/19
Prepared By:	kuß,	(signature) Date: 1/1/1/9

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: <u>255-8707</u> E-mail: <u>papp</u>	as@coj.net	
From:	Will Williams, Chief of Solid Waste Division		
	Initiating Department Representative (Name, Job Title, I		
	Phone: 255-7512 E-mail: willy	v@coj.net	
Primary	1. The state of th		
Contact:	(Name, cob The, Department)		
	Phone: 255-7512 E-mail: willy	v@coj.net	
CC:	Jordan Elsbury, Director of Intergovernmental	Affairs, Office of the Mayor	
	904-630-1825 E-mail: jelsbury@coj.net	_	
COUN	NCIL MEMBER / INDEPENDENT AGENCY / CO	ONSTITUTIONAL OFFICER TRANSMITTAL	
		10an PP NO 20 20	
То:	Peggy Sidman, Office of General Counsel, St.		
То:		James Suite 480 dman@coj.net	
To: From:			
		dman@coj.net	
	Phone: 904-630-4647 E-mail: psi	dman@coj.net	
	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail:	dman@coj.net	
From: Primary	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail:	dman@coj.net	
From: Primary	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail:	dman@coj.net	
From: Primary Contact:	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail: Y (Name, Job Title, Department) Phone: E-mail:	itutional Officer	
From: Primary	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail: Y (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Director of Intergovernmental	itutional Officer	
From: Primary Contact:	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail: Y (Name, Job Title, Department) Phone: E-mail:	itutional Officer	
From: Primary Contact:	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail: Y (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Director of Intergovernmental	itutional Officer	
From: Primary Contact: CC:	Phone:904-630-4647	itutional Officer Affairs, Office of the Mayor	
From: Primary Contact: CC: Legislatic	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail: Y (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Director of Intergovernmental 904-630-1825 E-mail: jelsbury@coj.net ation from Independent Agencies requires a resolving the legislation.	itutional Officer Affairs, Office of the Mayor	
Primary Contact: CC: Legislatic approvin Independent	Phone: 904-630-4647 E-mail: psi Initiating Council Member / Independent Agency / Const Phone: E-mail: y (Name, Job Title, Department) Phone: E-mail: Jordan Elsbury, Director of Intergovernmental 904-630-1825 E-mail: jelsbury@coj.net ation from Independent Agencies requires a resolving the legislation. endent Agency Action Item: Yes No	itutional Officer Affairs, Office of the Mayor Jution from the Independent Agency Board	
Primary Contact: CC: Legislatic approvin Independent	Phone:904-630-4647	itutional Officer Affairs, Office of the Mayor	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

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