LEGISLATIVE FACT SHEET

DATE:	04/14/22	BT or RC No:
		(Administration & City Council Bills)
SPONSOR:		Public Works/Solid Waste Division
		(Department/Division/Agency/Council Member)
Contact for al	II inquiries and presentation	Eric Fuller, Environmental Programs Manager
Provide Name	•	Eric Fuller, Environmental Programs Manager
Con	tact Number:	255-7513
Ema	ail Address:	efuller@coj.net
PURPOSE: White	Paper (Explain Why this legislation	is necessary? Provide; Who, What, When, Where, How and the Impact.) Council
	plete this form for Council introduce 350 words - Maximum of 1 pa	d legislation and the Administration is responsible for all other legislation.
Necessity ("CON Independence F proposed to be Works Departm Department and facility have bee Council. The properation of the	N") for Independence Recycling of Recycling of Florida, Inc. has applocated at 1600 Talleyrand Aven ent, the Solid Waste Division, the the Florida Department of Health met. Final approval of a CON coposed Independence Recycling facility will not require any City oval County's recycling goals and	nuncil approval for an initial Certificate of Public Convenience and of Florida, Inc. In accordance with Chapter 380, Part 1 Ordinance Code, blied for an initial "CON" for the operation of a clean debris recycling facility ue, Jacksonville, Florida. The application has been reviewed by the Public e Environmental Quality Division, the Planning and Development the in Duval County and the applicant requirements for operation of such a facility is based upon the determination of need for this facility by the City of Florida, Inc. clean debris recycling facility is a private facility and the of Jacksonville funding. Clean Debris (mainly concrete) recycling is recycled (crushed) concrete is commonly utilized in various aspects of

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APPROPRIATION: Total A	mount Appropriated	N/A	as follows:
List the source name and pro	ovide Object and Subobje	ct Numbers for ea	ch 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:
Traine of State Funding 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 triving Continuation(s).	То:		Amount:
Name & Number of Bond	From:	· · · · · · · · · · · · · · · · · · ·	Amount:
Account(s):	То:		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.)	n
	slation. The facility is required to maintain financial assurance for cleanup tion of its CON.
ACTION ITEMS: Purpose / Check Li code provisions for each.	ist. If "Yes" please provide detail by attaching justification, and
ACTION ITEMS: Yes No	
	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
[
	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	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.
Contract / Agreement Approval?	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	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.
	explanation (including impacts) within with paper.
Dalatad Manakad	Code Reference: If yes, identify related code section(s) and ordinance
Related Enacted Ordinances?	reference number in the box below and provide detailed explanation and any changes necessary within white paper.
ACTION ITEMS CONTINUED: Pur	pose / Check List. If "Yes" please provide detail by attaching
justification, and code provisions for	
ACTION ITEMS: Yes No	E. C. V. 11. White finals have add. Door the funding require a motoh?
Continuation of X 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?

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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
Division Chief:	4	1	Date: 4/19/22
Prepared By:		fil	(signature) Date: 4/19/22
			(signature)

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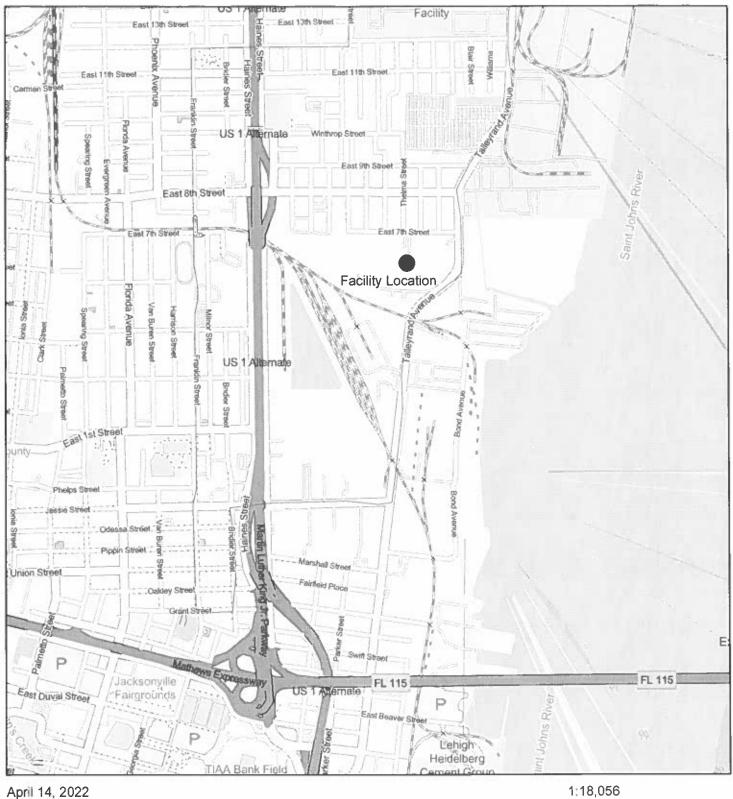
ADMINISTRATIVE TRANSMITTAL

	MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325	
Thru:	John Pappas, Director of Department of Public Works	
	(Name, Job Title, Department)	
	Phone: 255-8748 E-mail: Pappas@coj.net	
From:	Will Williams, Chief of Solid Waste Division, Department of Public Works	
	Initiating Department Representative (Name, Job Title, Department)	
	Phone: 255-7512 E-mail: WillW@coj.net	
Primary	21.0 21.1 21.0 21.0 21.0 21.0 21.0 21.0	
Contact:	(Name, Job Title, Department)	
	Phone: 255-7513 E-mail: <u>efuller@coj.net</u>	
CC:	Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor	
	904-255-5006 E-mail: RachelZ@coj.net	
COUN	ICIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITT	AL
To:	Mary Staffopoulos, Office of General Counsel, St. James Suite 480	
	Phone: 904-255-5062 E-mail: mstaff@coj.net	
From:	Phone: 904-255-5062 E-mail: mstaff@coj.net	
From:		
From:	Phone: 904-255-5062 E-mail: mstaff@coj.net	
From:	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:	
Primary	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:	
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Primary Contact:	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:	
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Primary Contact:	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail:	
Primary Contact: CC:	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5006 E-mail: RachelZ@coj.net	
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Primary Contact: CC: Legislati approvin	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: E-mail: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5006 E-mail: RachelZ@coj.net tion from Independent Agencies requires a resolution from the Independent Agency Boaring the legislation.	
Primary Contact: CC: Legislati approvin	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5006 E-mail: RachelZ@coj.net tion from Independent Agencies requires a resolution from the Independent Agency Boaring the legislation. Indent Agency Action Item: Yes No	
Primary Contact: CC: Legislati approvin	Phone: 904-255-5062 E-mail: mstaff@coj.net Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail: (Name, Job Title, Department) Phone: E-mail: E-mail: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor 904-255-5006 E-mail: RachelZ@coj.net tion from Independent Agencies requires a resolution from the Independent Agency Boaring the legislation.	

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED

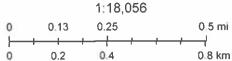
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Duval Map



Independence Recycling of Florida, Inc.

Clean Debris Recycling Facility 1600 Talleyrand Avenue Jacksonville, Florida 32206



Map data ⊚ OpenStreetMap contributors, Microsoft, Esri Community Maps contributors, Map layer by Esri

Exhibit F - Flow Diagram

