## **LEGISLATIVE FACT SHEET**

DATE:	08/07/24	BT or RC No:
1		(Administration & City Council Bills)
SPONSOF	₹:	Public Works/Solid Waste Division
	(C	epartment/Division/Agency/Council Member)
Contact for	rall inquiries and presentations	Eric Fuller, Environmental Programs Manager
Provide Na	ame:E	ric Fuller, Environmental Programs Manager
С	ontact Number:	255-7513
E	mail Address:	efuller@coj.net
Research will of (Minimum of Minimum of Mini	complete this form for Council introduced lead 350 words - Maximum of 1 pages of this legislation is to seek City Councy ("CON") for Hrustic Brothers, Inc. has applied for a modification, 98 and 11901 Fayal Drive South, Jackstment, the Solid Waste Division, the End the Florida Department of Health in the He	ecessary? Provide; Who, What, When, Where, How and the Impact.) Council aislation and the Administration is responsible for all other legislation)  iil approval for a modification/renewal Certificate of Public Convenience ustic Brothers, Inc., Fayal Drive, Clean Debris Recycling Facility is an at the convenience uses to be a convenience use to Brothers, Inc., Fayal Drive, Clean Debris Recycling Facility is an adjacent property and infication. In accordance with Chapter 380, Part 1 Ordinance Code, Irenewal CON for the expansion of their clean debris recycling facility is sonville, Florida. The application has been reviewed by the Public novironmental Quality Division, the Planning and Development and Development in Duval County and the applicant requirements for operation of such a sility modification involving the expansion of their CON operation is ouncil. The proposed Hrustic Brothers, Inc. clean debris recycling cility will not require any City of Jacksonville funding. Clean debris and shall be commonly utilized in the convenience of t

APPROPRIATION: Total A	mount Appropriated	N/A	as follows:
List the source <u>name</u> and pr	ovide Object and Subobje	ct Numbers for each o	ategory listed below:
(Name of Fund as it will appear in t	title of legislation)		
Name of Federal Funding Source(s	From:		Amount:
	To:		Amount:
Name of State Funding Source(s):	From:	4,17	Amount:
	То:	***************************************	Amount:
Name of City of Jacksonville	From:		Amount:
Funding Source(s):	To:		Amount:
Name of In-Kind Contribution(s):	From:		Amount:
Talle of in Talle 22 margin (2).	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.)

The state of the s	
There is no City funding involved for this leg	gislation. The facility is required to maintain financial assurance for cleanup if
the site is abandoned or is in violation of its	s CON.
	•
ACTION ITEMS: Purpose / Check I	List. If "Yes" please provide detail by attaching justification, and
code provisions for each.	and the property of the second
orde provident for edge.	
ACTION ITEMO.	
ACTION ITEMS: Yes No	
Emergency? X	Justification of Emergency: If yes, explanation must include detailed nature of
	emergency.
Federal or State	Explanation: If yes, explanation must include detailed nature of mandate
Mandate? X	including Statute or Provision.
Walldate:	

Page 3 of 6 Rev. 8/2/2016 (CLB RM)

Fiscal Year Carryover?	Х	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment?  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	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?	Х	Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.
[ <del></del> ]	<u> </u>	
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.
		2015-374 - Initial CON for Hrustic Brothers, Inc., Fayal Drive
ACTION ITEMS CONTINUES justification, and code provisi	-	Dose / Check List. If "Yes" please provide detail by attaching each.
ACTION ITEMS: Yes  Continuation of Grant?	No 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?

Page 4 of 6 Rev. 8/2/2016 (CLB RM)

Х	Attachment: If yes, attach appropriate form(s).	
X	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	ı
	(signature) Date: <u>Aug 6, 2025</u>	A STATE OF THE PARTY OF THE PAR
h	Date: Aug. 7, 202	Y
		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  Date: Aug 5, 2025  (signature)

Page 5 of 6 Rev. 8/2/2016 (CLB RM)

## **ADMINISTRATIVE TRANSMITTAL**

	MBRC, c/o Jasmine Jordan, Budget Office, St. James Suite 325
Thru:	Nina C. Sickler, Director of Department of Public Works
	(Name, Job Title, Department)
	Phone: 255-8748 E-mail: <u>NSickler@coj.net</u>
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	
Contact:	(Name, Job Title, Department)
	Phone: 255-7513 E-mail: efuller@coj.net
CC:	Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
	904-667-9326 E-mail: <u>BNorris@coj.net</u>
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL
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To:	Mary Staffonoulos, Office of General Counsel, St. James Suite 480
To:	Mary Staffopoulos, Office of General Counsel, St. James Suite 480  Phone: 904-255-5062 E-mail: mstaff@coj.net
To: 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
From: Primary	Phone: 904-255-5062 E-mail: mstaff@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer  Phone: E-mail:
From: Primary	Phone: 904-255-5062 E-mail: mstaff@coj.net  Initiating Council Member / Independent Agency / Constitutional Officer Phone: E-mail:
From: 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:
From: Primary	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:  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
From: 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:  Brittany Norris, Director of Intergovernmental Affairs, Office of the Mayor
From: Primary Contact: CC:	Phone: 904-255-5062
From: Primary Contact: CC:	Phone:
From: Primary Contact: CC: Legislatic	Phone: 904-255-5062
From: Primary Contact: CC: Legislatic approving	Phone:

## **FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**

Page 6 of 6 Rev. 8/2/2016 (CLB RM)