



JOHN A. FANTHAM
DIRECTOR OF PUBLIC WORKS

County of Santa Cruz

559

DEPARTMENT OF PUBLIC WORKS

701 OCEAN STREET, ROOM 410, SANTA CRUZ, CA 950604070
(631) 454-2160 FAX (631) 454-2385 TDD (831) 454-2123

AGENDA: June 22, 1999

June 10, 1999

SANTA CRUZ COUNTY BOARD OF SUPERVISORS
701 Ocean Street
Santa Cruz, California 95060

SUBJECT: SELF-HAUL WOODWASTE PROGRAM

Members of the Board,

On February 25, 1997, your Board approved a Franchise Agreement with Waste Management of Santa Cruz County to implement the County's new refuse, recycling and yardwaste collection and processing system. This agreement included collection and processing of curbside yardwaste, and continuation of the self-haul woodwaste drop-off and processing program at the County's Buena Vista Landfill and Ben Lomond Transfer Station. The agreement provides for payments to Waste Management for all woodwaste processed through the self-haul woodwaste program. Payments for self-haul woodwaste processing are funded through reduced landfill tipping fees for source separated woodwaste materials.

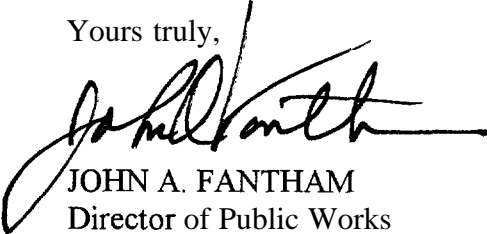
As a result of increased public awareness and expanded educational programs, the amount of self-haul woodwaste has increased 17% over last year's projections. In order to complete processing payments for the end of this fiscal year, funding for the woodwaste processing section of the Franchise Agreement needs to be increased by \$40,000, for an amended contract not-to-exceed amount of \$360,000. Sufficient funds are available within the CSA-9C Solid Waste Enterprise Fund for this purpose.

It is therefore recommended that the Board of Supervisors take the following action:

1. Approve the attached Amendment-to-Agreement with Waste Management of Santa Cruz County increasing the contract not-to-exceed amount to \$360,000 and authorize the Director of Public Works to sign the amendment on behalf of the County.

2. Direct the Clerk of the Board to return a copy of the executed Amendment to the Department of Public Works for further processing.

Yours truly,




JOHN A. FANTHAM
Director of Public Works

RPM:rw

Attachments

RECOMMENDED FOR APPROVAL:



County Administrative Officer

copy to: Jim Moresco, Waste Management of Santa Cruz County
Public Works (Solid Waste)

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0562

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM:

PUBLIC WORKS

(Dept.)

(Signature)

6-7-99

(Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the COUNTY OF SANTA CRUZ (Agency)
WASTE MANAGEMENT OF SANTA CRUZ COUNTY
and, P.O. BOX 2347, WATSONVILLE, CA 95077 (Name & Address)

2. The agreement will provide FOR CONTINUATION OF COUNTY FUNDED RATE STABILIZATION
PROGRAM PER BOARD OF SUPERVISORS APPROVED RATE STRUCTURE, 6/12/97, AND PAYMENT
OF SELF-HAUL WOODWASTE PROCESSING, BOTH UNDER AUTHORITY OF 2/25/97,
REFUSE SERVICES FRANCHISE AGREEMENT.

3. The agreement is needed BECAUSE THIS WORK CAN BE PERFORMED MOST EXPEDITIOUSLY
BY CONTRACT.

4. Period of the agreement is from BOARD APPROVAL to JUNE 30, 1999

5. Anticipated cost is \$ 40,000 (51356) (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: CONTRACT: \$360,000; OVERHEAD \$25,200; TOTAL \$385,200

7. Appropriations are budgeted in 6/22/99 Agenda
625110 \$321,000 !51356 - 3665! 3590
625110 \$64,200 !51050 - 3665! (Index#) 3 5 9 0 (Subobject)
60,000

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and 6/9/99 are not red. Contract No. 81576 Date _____

GARY A. KNUTSON, Auditor - Controller

By Ronald J. Silva Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the DIRECTOR OF PUBLIC WORKS to execute the same on behalf of the DEPARTMENT OF

PUBLIC WORKS (Agency).

Remarks: _____ (Analyst) By [Signature] County Administrative Officer Date 6/11/99

Agreement approved as to form. Date _____

~~RPM:rw~~

Distribution:

Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - ~~Blue~~
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss

I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____

_____ 1 9 _____ By _____ Deputy Clerk

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ADM-29 (6/95)

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/15/97

PRODUCER

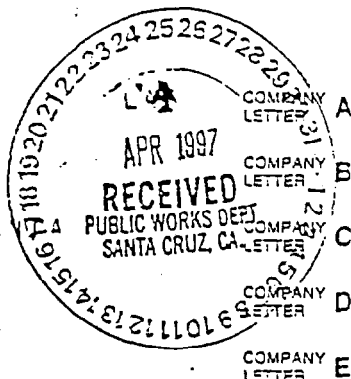
NEAR NORTH INS. BROKERAGE
875 NORTH MICHIGAN
CHICAGO, IL 60611

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS
NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT EXTEND
OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

CONTINENTAL CASUALTY CO.

RPM

Acct
C.F.

514/97464

INSURED

WASTE MANAGEMENT OF SA
CRUZ COUNTY
1340 W. BEACH ST.
WATSONVILLE, CA 95076

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | ALL LIMITS IN THOUSANDS |
|-----------|------------------------------|---------------|-------------------------------------|--------------------------------------|--|
| | GENERAL LIABILITY | | | | GENERAL AGGREGATE \$ 5,000 |
| A X | COMMERCIAL GENERAL LIABILITY | GL151793505 | 5/15/97 | 5/11/00 | PRODUCTS-COMP/CPS AGGREGATE \$ 5,000 |
| | CLAIMS MADE OCCUR. | | | | PERSONAL & ADVERTISING INJURY \$ 5,000 |
| X | OWNER'S & CONTRACTOR'S PROT. | | | | EACH OCCURRENCE \$ 5,000 |
| X | PROD/COMP. OPERATIONS | | | | FIRE DAMAGE (Any one fire) \$ 5,000 |
| X | CONTRACTUAL | | | | MEDICAL EXPENSE (Any one person) \$ |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$ 5,000 |
| A X | ANY AUTO | EUA151793472 | 5/15/97 | 5/15/00 | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ |
| X | HIRED AUTOS | | | | |
| X | NON-OWNED AUTOS | | | | |
| | GARAGE LIABILITY | | | | |
| X | PCS-93 | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | OTHER THAN UMBRELLA FORM | | | | |
| | WORKER'S COMPENSATION | | | | STATUTORY \$ 5,000 (EACH ACCIDENT) |
| | AND | | | | \$ 5,000 (DISEASE-POLICY LIMIT) |
| A | EMPLOYERS' LIABILITY | AC151793459 | 5/15/97 | 5/15/00 | \$ 5,000 (DISEASE-EACH EMPLOYEE) |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ALL OPERATIONS AND THE EQUIPMENT OF THE INSURED.
ADDITIONAL INSURED: SEE ATTACHED

CERTIFICATE HOLDER 00013

CANCELLATION

COUNTY OF SANTA CRUZ
DIRECTOR OF PUBLIC WORKS
731 OCEAN ST., ROOM 410
SANTA CRUZ, CA 95060

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 90 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO CANCELLATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Michael Lopez
ACORD CORPORATION 61