



THOMAS L. BOLICH
DIRECTOR OF PUBLIC WORKS

County of Santa Cruz

DEPARTMENT OF PUBLIC WORKS

701 OCEAN STREET, ROOM 410, SANTA CRUZ, CA 950604070
(931) 454-2160 FAX (931) 454-2385 TDD (831) 464-2123

AGENDA: SEPTEMBER 19, 2000

September 7, 2000

SANTA CRUZ COUNTY BOARD OF SUPERVISORS

701 Ocean Street
Santa Cruz, California 95060

**SUBJECT: PROPOSED SERVICE AGREEMENT FOR BEN LOMOND TRANSFER
STATION DROP-OFF RECYCLING CENTER**

Members of the Board:

As your Board is aware, the County contracts with the Valley Women's Club of the San Lorenzo Valley for operation of the drop-off recycling facilities at the Ben Lomond Transfer Station. The contract is structured as a multi-year agreement to coincide with the term of the county's **refuse** collection franchise. The agreement is structured such that the County will reimburse the operator for direct expenses incurred, within a set annual budget. It has become apparent from discussions with the Valley Women's Club that their labor and transportation expenses have increased beyond the projected budget. This is a result of the Valley Women's Club handling more material than anticipated which in turn, is a reflection of the County's expanded recycling public education efforts.

Public Works will be installing new equipment at the transfer station this year to improve the Valley Women's Club processing of **recyclables** and this should reduce their future transportation costs. However, in the interim it will be necessary to increase the contract compensation amount to cover the current program operating cost increases. The proposed contract increase is \$13,395 for a not-to-exceed amount of \$148,395. An amendment to agreement is included with this letter for your Board's consideration. Sufficient funds to cover this expense are included in the Solid Waste and Recycling budget approved by your Board.

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

1. Approve the amendment to agreement with the **Valley Women's Club** of San Lorenzo Valley in the increased amount of \$13,395 for a not-to-exceed amount of \$148,395 for operation of the drop-off recycling facilities at the Ben Lomond Transfer Station.

2. Authorize the Director of Public Works to sign the agreement on behalf of the County.

Yours truly,

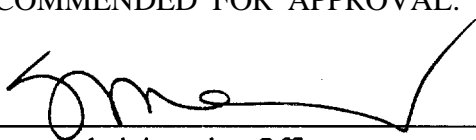


THOMAS L. BOLICH
Director of Public Works

DdG:bbs

Attachments

RECOMMENDED FOR APPROVAL: ,



County Administrative Officer

copy to: Valley Women's Club of San Lorenzo Valley
Public Works

AMENDMENT TO AGREEMENT

The parties hereto agree to amend Contract Number 91469 **dated** August 17, 1999, by and between the COUNTY OF SANTA CRUZ and VALLEY WOMEN'S CLUB OF SAN LORENZO VALLEY, for operation of the Ben Lomond Transfer Station drop-off recycling center, by amending Section 2., Compensation, by increasing the contract amount by \$13,395 for a **not-to-exceed** amount of **\$148,395.00**.

All other provisions of said contract shall remain the same.

DATED: _____

COUNTY OF SANTA CRUZ
DEPARTMENT OF PUBLIC WORKS

ACTING DIRECTOR OF PUBLIC WORKS

CONTRACTOR:
VALLEY WOMEN'S CLUB OF
SAN LORENZO VALLEY

BY: Nancy B. Macay

ADDRESS: P. O. Box 547
Ben Lomond, CA 95005-0547

TELEPHONE: (831) 338-1728

Approved as to form:

D. McRae 9600
Chief Assistant County Counsel

FAX: (831) 338-3666 attention: Nancy Macay

E-MAIL: nbbm@cruzio.com

DISTRIBUTION: Auditor-Controller
Public Works
Contractor

DDG:bbs

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
07/31/2000

PRODUCER (831)426-2090

FAX (831)423-0641

&m. W. Kelly & Co., Inc.

211 River Street

P. O. Box 1702

Santa Cruz, CA 95061

Attn

Ext:

INSURED

Valley Women's Club of San Lorenzo Valley, Inc

PO Box 574

Ben Lomond, CA 95005

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

COMPANY A Great American Insurance Company

A

COMPANY B

B

COMPANY C

C

COMPANY D

D

COVERAGESTHIS 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)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	CLAIMS MADE - X OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
A	OWNER'S & CONTRACTOR'S PROT	3448105	10/15/1999	10/15/2000	EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE a
	X HIRED AUTOS				
	X NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE a
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT \$
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL				EL DISEASE - POLICY LIMIT \$
	OTHER EXCL				EL DISEASE EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMSThe County of Santa Cruz, its officials, employees, agents and volunteers are added as additional
insured as respects to the operations and activities of, or on behalf of, the named insured performed
agreement with the County of Santa Cruz. Primary Wording.**CERTIFICATE HOLDER**

County of Santa Cruz

Attn: Joanne - Dan Despres

454-2385

701 Ocean Street

Room 410

Santa Cruz, CA 95060-4070

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE

EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL

30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

XX

XX

AUTHORIZED REPRESENTATIVE

Thomas J. Kelly

©ACORD CORPORATION 199

0235

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

OCTOBER 5, 1999

POLICY NUMBER: 481-99 UNIT 104
CERTIFICATE EXPIRES: 10-01-2000COUNTY OF SANTA CRUZ
ATTN: JEFFERY SMEDBERG
701 OCEAN ST
SANTA CRUZ, CA 95060

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

Tom Hansen
AUTHORIZED REPRESENTATIVE

KC Bolner
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COST: 1,000,000 PER OCCURRENCE.

EMPLOYER

THE VALLEY WOMEN'S CLUB OF THE SAN LORENZO VALLEY
SLV REDEMPTION/RECYCLING CENTERS
15485 BEAR CREEK RD
BOULDER CREEK, CA 95006

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COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0236

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

FROM: PUBLIC WORKS (Dept.)
[Signature] (Signature) (101.00 t e)

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

- Said agreement is between the COUNTY OF SANTA CRUZ (Agency)
VALLEY WOMEN'S CLUB OF
and SAN LORENZO VALLEY, P. O. Box 547, Ben Lomond, CA 95005-0547 (Name & Address)
- The agreement will provide operation of the drop-off recycling Center at the Ben
Lomond Transfer Station.
- The agreement is needed, because the work can be handled most expeditiously by contract.
- Period of the agreement is from July 1, 2000 to June 30, 2001
- Anticipated cost is \$ 148,395.00 (Fixed amount; Monthly rate; Not to exceed)
increase \$12,395.00
revised
- Remarks: Contract \$148,395.00; Overhead \$10,387.65; Total \$158,782.65
- Appropriations are budgeted in 6 2 5 1 1 0 ! 5 1 0 6 6 ! 3 6 6 5 ! (Index#) 3 5 9 0 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. CO 1469-01 Date 9/8/00
are not *will be*

GARY A. KNUTSON, Auditor - Controller

By [Signature] Deputy.

Proposed 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: [Signature] (Analyst) By [Signature] County Administrative Officer Date 1/3/00

Agreement approved as to form. Date _____

DDG:bbs

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - pink
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 _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk