



THOMAS L. BOLICH  
DIRECTOR OF PUBLIC WORKS

# County of Santa Cruz

## DEPARTMENT OF PUBLIC WORKS

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

### AGENDA: JUNE 5, 2001

May 23, 2001

#### SANTA CRUZ COUNTY BOARD OF SUPERVISORS

701 Ocean Street  
Santa Cruz, California 95060

#### SUBJECT: REFUSE, RECYCLING AND YARDWASTE SERVICES CONTRACT AMENDMENT

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 discounted 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 21 percent over last year's projections. In order to complete processing payments through the end of this fiscal year, funding for the woodwaste processing needs to be increased by \$70,000.

The franchise agreement also includes a County-funded rate stabilization program designed to utilize curbside recycling sales revenue to offset or defer annual franchise cost of living rate increases to franchise customers. Based on the stronger than normal recycling markets over the last two years, funding for this program has been able to offset customer rate increases since the inception of the franchise agreement in 1997. The 2000/2001 CSA-9C Solid Waste and Recycling Budget projected the rate stabilization fund to be \$450,000 based on recycling revenue estimates at

year end. However, it was projected that only \$75,000 of the stabilization fund would be needed during this fiscal year to offset the scheduled November 2000 cost of living increase in the franchise agreement. Due to economic changes last year, the cost of living adjustment was much higher than anticipated, and additional rate stabilization funds will need to be encumbered to cover year end rate stabilization payments. In order to complete these rate stabilization payments through the end of this fiscal year, **funding** needs to be increased by \$70,000.

The total increase in **funding** needed for this agreement is \$140,000, for an amended contract not-to-exceed amount of \$545,000. This will cover both the additional \$70,000 for the self haul woodwaste program and the additional \$70,000 for rate stabilization payments. Sufficient funds are available within the CSA-9C Solid Waste and Recycling 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 to a not-to-exceed amount of \$545,000 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,



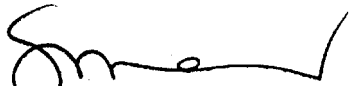
THOMAS L. BOLICH

Director of Public Works

RPM:bbs

Attachments

RECOMMENDED FOR APPROVAL:



County Administrative Officer

copy to: Waste Management of Santa Cruz County  
County Administrative Office  
County Counsel  
Public Works Department

SELFB

**AMENDMENT TO AGREEMENT**

The parties hereto agree to amend **Refuse**, Recycling and Yardwaste Services Franchise Agreement number 81576 dated February 25, 1997, and as amended June 17, 1997, April 14, 1998, June 22, 1999, and December 12, 2000, by and between the COUNTY OF SANTA CRUZ and WASTE MANAGEMENT OF SANTA CRUZ COUNTY. The purpose for this amendment is to: increase the contract not-to-exceed amount to \$545,000 for additional processing of self-haul woodwaste at the County's Buena Vista Landfill and Ben Lomond Transfer Station and increases in rate stabilization payments.

All other provisions of said agreement shall remain the same.

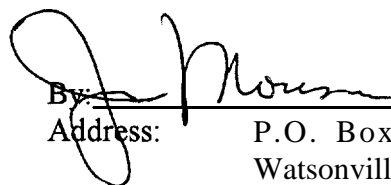
Dated: \_\_\_\_\_

CONTRACTOR:

COUNTY OF SANTA CRUZ  
DEPARTMENT OF PUBLIC WORKS

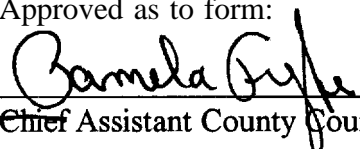
WASTE MANAGEMENT OF SANTA CRUZ  
COUNTY

\_\_\_\_\_  
DIRECTOR OF PUBLIC WORKS

By:   
Address: \_\_\_\_\_  
P.O. Box 2347  
Watsonville, CA 95077

Telephone: (83 1) 768-8071

Approved as to form:

  
\_\_\_\_\_  
Chief Assistant County Counsel

DISTRIBUTION: County Administrative Office  
Auditor-Controller  
County Counsel  
Waste Management of Santa Cruz County

RPM:bbs

SELEB

# CERTIFICATE OF INSURANCE

 Date: (MM/DD/YY)  
12/27/2000

 PRODUCER  
Aon Risk Services of Texas, Inc.  
2000 Bering Drive, Suite 900  
Houston, Texas 77057  
713/430-6000

 RPM  
ACCT  
CF

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.

## INSURERS AFFORDING COVERAGE

 INSURED: **WASTE MANAGEMENT, INC. and**  
Waste Management of Santa Cruz City  
1340 West Beach Street  
PO Box 2347  
Watsonville, CA 95076

JAN 2001

Insurer A:	Pacific Employers Insurance Company
Insurer B:	Continental Casualty Company
Insurer C:	ACE American Insurance Company
Insurer D:	Indemnity Insurance North America
Insurer E:	National Union Fire Insurance Co. of PA

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY BE EXHAUSTED BY PAID CLAIMS.						
INSR L-R	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	\$ 2,000,000
A	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (ANY ONE FIRE)	\$ 1,000,000
	X OCCURRENCE	HDO G19902559	11112001	1/1/2002	MED EXP (PER PERSON)	
	X XCU INCLUDED				PERSONAL & ADV INJURY	\$ 2,000,000
	X ISO FORM CG 00 01 10 93				GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS/COMP. OP. AGG	\$ 4,000,000
	X PROJECT					
	X LOCATION					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EACH ACCIDENT)	\$ 5,000,000
4	X ANY AUTO	ISA HO7686031	1/1/2001	1/1/2002		
	ALL OWNED AUTOS					
	SCHEDULED AUTOS					
	X HIRED AUTOS					
	X NON-OWNED AUTOS					
	X MCS-90					
B	EXCESS LIABILITY	CUP-247892731			EACH OCCURRENCE	\$ 25,000,000
C	X OCCURRENCE	XOOG 19902675	1/1/2001	1/1/2002	AGGREGATE	\$ 25,000,000
E	CLAIMS MADE	346 71 06				
	WORKERS' COMPENSATION and EMPLOYERS LIABILITY	WLR C42982453	11112001	1/1/2002	WORKERS' COMPENSATION	STATUTORY
A		SCF C42982532 (WI)	1/1/2001	1/1/2002	EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE-EA EMPLOYEE	\$ 1,000,000
					EL DISEASE-POLICY LIMIT	\$ 1,000,000

REMARKS: DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT PROVISIONS:

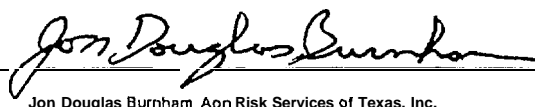
CHECK ☐ BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES AS REQUIRED BY WRITTEN CONTRACT.  
 X CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) AS REQUIRED BY WRITTEN CONTRACT.  
 Additional Insured in favor of County of Santa Cruz (on all policies except Workers Compensation/EL) where and to the extent as required by written contract.

## CERTIFICATE HOLDER:

 County of Santa Cruz  
Director of Public Works  
701 Ocean Street  
Room 410  
Santa Cruz, CA 95060

## CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. EXCEPT 10 DAYS NOTICE FOR NONPAYMENT.



Jon Douglas Burnham, Aon Risk Services of Texas, Inc.

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0245

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

FROM:

PUBLIC WORKS

(Dept.)

(Signature)

5-21-01

(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, 6/17/97, and payment of self-  
haul woodwaste processing, both under authority of 2/25/97, refuse services  
franchise agreement.

3. The agreement is needed because the work can be handled most expeditiously by contract.

4. Period of the agreement is from Board Approval to June 30, 2001  
increase

5. Antiipated ~~cost~~ is \$ 140,000 <sup>70,000 to -01</sup>  
Amended <sup>70,000 to -02</sup> (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: Contract \$545,000; 7% Overhead \$38,150; Total \$583,150

7. Appropriations are budgeted in 625110 \$400,000 ! 51356 ! 3665 ! 3590  
625110 \$145,000 ! 51050 ! 3665 ! 3590 (Index#) (Subobject)

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

Appropriations are available and have been encumbered.  
are not will be

Contract No. 01576 -01 Date 5-22-01

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] Date 5/30/01

Agreement approved as to form. Date \_\_\_\_\_

RPM:hbs

Distribution:

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

To Orig. Dept. if rejected.

ADM 29 (6/95)

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

By \_\_\_\_\_ Deputy Clerk

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