



THOMAS L. BOLICH
DIRECTOR OF PUBLIC WORKS

0221

County of Santa Cruz

DEPARTMENT OF PUBLIC WORKS

701 OCEAN STREET, ROOM 410, SANTA CRUZ, CA 960604070
(831) 464-2160 FAX (831) 464-2386 TDD (831) 464-2123

AGENDA: AUGUST 14, 2001

August 2, 2001

SANTA CRUZ COUNTY BOARD OF SUPERVISORS

701 Ocean Street
Santa Cruz, California 95060

SUBJECT: AMENDMENT TO AGREEMENT FOR BEN LOMOND TRANSFER STATION
DROP-OFF RECYCLING CENTER

Members of the Board:

On August 7, 2001, Public Works presented for your Board's approval a contract amendment with the Valley Women's Club of the San Lorenzo Valley to support operation of two rural drop-off recycling centers, in Felton and Boulder Creek. This letter addresses the operation of the drop-off recycling facilities located at the Ben Lomond Transfer Station, also operated by the Valley Women's Club. This contract began in 1997 as an outgrowth of the county's refbse collection franchise process and has been established as a multi-year agreement to coincide with the term of the refbse collection franchise. The agreement is structured such that the County will reimburse the operator for direct expenses incurred, within a set annual budget. The Valley Women's Club has seen a dramatic gain in the amount of materials being recycled, with some individual commodity increases on the order of one and a half to two times over levels received two years ago. Current quantities exceed three thousand tons diverted for the year.

Public Works has installed new equipment at the transfer station this year to improve the efficiency of the Valley Women's Club processing of recyclables and this should also reduce its 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 \$14,605 for an amended not-to-exceed amount of \$163,000. An amendment to agreement is included with this letter for your Board's consideration. Sufficient funds to cover this expense are included in the fiscal year 2001/02 Solid Waste and Recycling budget approved by your Board.

It is therefore recommended that the Board of Supervisorstake the following action:

1. Approve the attached amendment to agreement with the Valley Women's Club of San Lorenzo Valley for a total not-to-exceed amount of \$163,000 for operation of the drop-off recycling facilities at the Ben Lomond Transfer Station.
2. Authorize the Director of Public Works to sign the amendment to agreement on behalf of the County.

Yours truly,



THOMAS L. BOLICH
Director of Public Works

DdG:bbs

Attachments

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

RECOMMENDED:



County Administrative Officer

ATSB

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 the San Lorenzo Valley for operation of the Ben Lomond Transfer Station drop-off recycling center by amending Section 2, Compensation, by increasing the contract by \$14,605 for a not-to-exceed amount of \$163,000.

All other provisions of said contract shall remain the same.

DATED: _____

COUNTY OF SANTA CRUZ
DEPARTMENT OF PUBLIC WORKS

DIRECTOR OF PUBLIC WORKS

CONTRACTOR:
VALLEY WOMEN'S CLUB OF
SAN LORENZO VALLEY

BY: _____

Nancy Macy

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

TELEPHONE: (831) 338-1728

FAX: (831) 338-3666

E-MAIL: nbm@cruzio.com

Approved as to form:

 8-1-01

Chief Assistant County Counsel

DISTRIBUTION: Auditor-Controller
Public Works
Contractor

DdG:bbs

atsb

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/05/2000

PRODUCER (831)426-2090
Wm. W. Kelly & Co., Inc.
211 Fiver Street
P. O. Box 1702
Santa Cruz, CA 95061

FAX (831)423-0641

Attn: Valley Women's Club of San Lorenzo Valley, In
INSURED PO Box 574
Ben Lomond, CA 95005

Ext:

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
COMPANY B
COMPANY C
COMPANY D



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)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	3448105	10/15/2000	10/15/2001	PERSONAL & ADV INJURY \$ 1,000,000
	OWNERS & CONTRACTOR'S PROT				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				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE \$
	TRAILER LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
	THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE:	INCL			EL EACH ACCIDENT \$
	OTHER	EXCL			EL DISEASE - POLICY LIMIT \$
					EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The 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
Fax: 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 BY FIRST CLASS MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

BY FAX OR BY MAIL TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
BY FAX OR BY MAIL TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
BY FAX OR BY MAIL TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

Thomas J. Kelly

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**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

0225

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-00

POLICY NUMBER: 481-00 UNIT 0000104
CERTIFICATE EXPIRES: 10-01-01COUNTY OF SANTA CRUZ
ATTN: JOFFERY 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 10 days' advance written notice to the employer.

We will also give you 10 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.

Kenneth C. Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

SLV REDEMPTION/RECYCLING CENTERS
15485 BEAR CREEK ROAD
BOULDER CREEK CA 95006THE VALLEY WOMEN'S CLUB OF THE
SAN LORENZO VALLEY (A NON-PROFIT CORP)

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COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0226

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

FROM:

PUBLIC WORKS

(Dept.)

(Signature)

7/23/01

(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)
VALLEY WOMEN'S CLUB OF SAN LORENZO VALLEY
and P. O. Box 547, Ben Lomond, CA 95005-0547 (Name & Address)
2. The agreement will provide operation of the Ben Lomond Transfer Station drop-off
recycling center
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, 2002
increase
5. Anticipated cost is \$ ~~163,000.00~~ 14,605.00 (Fixed amount; Monthly rate; Not to exceed)
6. Remarks: Contract \$163,000.00; Overhead \$11,410.00; Total \$174,410.00
7. Appropriations are budgeted in 625110 ! 51066 ! 3665 ! (Index#) 3590 (Subobject)

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

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

Contract No. 11469 Date 8-2-01

GARY A. KNUTSON, Auditor - Controller

By T. S. Baugh Deputy.

CLC-20 / SECTION III

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)

County Administrative Officer

By Paul Gunt Date 8/6/01

Agreement approved as to form. Date _____

DdG: bbs

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.

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 _____

By _____ Deputy Clerk