



THOMAS L. BOLICH  
DIRECTOR OF PUBLIC WORKS

# County of Santa Cruz

## DEPARTMENT OF PUBLIC WORKS

701 OCEAN STREET, ROOM 410, SANTA CRUZ, CA 95060-4070  
(831) 454-2160 FAX (831) 454-2385 TDD (831) 454-2123

### AGENDA: JUNE 25, 2002

June 13, 2002

#### SANTA CRUZ COUNTY BOARD OF SUPERVISORS

701 Ocean Street  
Santa Cruz, California 95060

#### SUBJECT: OFFICE PAPER RECYCLING SERVICES FOR COUNTY FACILITIES

#### Members of the Board:

On August 18, 1998, your Board approved a contract with the California Grey Bears to recycle office paper from County facilities as part of the SCOR (Santa Cruz Office Recycling) program. With subsequent annual amendments to their contract, Grey Bears has been providing this service since that time, collecting 75 tons of paper from County offices in the last calendar year, up slightly from previous years.

Payment to the vendor under this contract is for the cost of collection service less current scrap value of materials collected. This arrangement assures consistent service regardless of the fluctuations of the volatile international scrap paper market.

In previous years, the annual contract amount has been sufficient to cover program costs. A particularly weak scrap paper market during the past winter pushed contract costs up so that they are projected to be in excess of appropriations. To cover the shortfall, an amendment to agreement is attached for your consideration.

The additional cost for the remainder of the current year is an increase of \$3,000 for a total not-to-exceed amount of \$10,500. Sufficient funds are available in the County Service Area No. 9-C Solid Waste Budget for this purpose.

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

1. Approve the attached amendment to agreement with the California Grey Bears to provide office paper collection services for certain County facilities, increasing the contract by \$3,000 for a total not-to-exceed amount of \$10,500.

## SANTA CRUZ COUNTY BOARD OF SUPERVISORS

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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

JS:bbs

Attachments

RECOMMENDED FOR APPROVAL:

\_\_\_\_\_  
County Administrative Officer

copy to: Public Works Department

opr.b.wpd

**AMENDMENT TO AGREEMENT**

The parties hereto agree to amend Contract Number 81675, dated August 18, 1998, as amended, by and between the COUNTY OF SANTA CRUZ and CALIFORNIA GREY BEARS, to provide office paper recycling services, by increasing the compensation by \$3,000 for an amended not-to-exceed amount of \$10,500.

All other provisions of said contract shall remain the same.

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

COUNTY OF SANTA CRUZ  
DEPARTMENT OF PUBLIC WORKS

By: \_\_\_\_\_  
Thomas L. Bolich  
Director of Public Works

CONTRACTOR:  
CALIFORNIA GREY BEARS

By: Lynda Nancis

Address: 2710 Chanticleer Avenue  
Santa Cruz, CA 95065

Telephone: (831) 479-1055  
Fax: (831) 479-8465  
E-mail: greybears@earthlink.net

Approved as to form:  
Samuel Gyle  
Assistant County Counsel

DISTRIBUTION: Auditor-Controller  
Public Works  
Contractor

gbamnd.01a/js

RPM, Act, CF

<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b> 0380		DATE 07/05/2001
PRODUCER BEDELI & NELSON/HARBERT INS. A PO BOX 1295 SANTA CRUZ, CA 95061 DON RIPPENBACH		
INSURED CALIFORNIA GREY BEARS INC 2710 CHANTICLEER SANTA CRUZ, CA 95062 LYNDA FRANCIS, EXEC. DIRECTOR		
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		
INSURER A: NONPROFITS' INSURANCE ALLIANCE		
INSURER B: NONPROFITS' INSURANCE ALLIANCE		
INSURER C:		
INSURER D:		
INSURER E:		

**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 HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PRODS/COMP OPS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	2001-00002NPO	07/01/2001	07/01/2002	EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	2001-00002AUTOB	07/01/2001	07/01/2002	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH- E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

OTHER: [REDACTED]

DESCRIPTION OF OPERATIONS/LOC: [REDACTED] ORSEMENT/SPECIAL PROVISION:

THE COUNTY OF SANTA CRUZ, ITS EMPLOYEES, AGENTS AND OFFICERS ARE NAMED ADDITIONAL INSURED, AS RESPECTS THE OPERATION OF THE ABOVE NAMED INSURED.

CERTIFICATE HOLDER DAN DE GRASSI SANTA CRUZ COUNTY DEPT OF PUBLIC WORKS 701 OCEAN STREET ROOM 410 SANTA CRUZ, CA 95060	ADDITIONAL INSURED; INSURER LETTER: CANCELLATION 10-Day Notice for Non-Payment of Prem SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY FIRST CLASS MAIL. AUTHORIZED REPRESENTATIVE
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**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

JULY 20, 2001

POLICY NUMBER: 552929 - 01  
CERTIFICATE EXPIRES: 7/1/02CITY OF SANTA CRUZ  
FINANCE DEPT ATTN: NATALIA DUARTE  
309 CENTER 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 Bollier*

PRESIDENT

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

EMPLOYER

CALIFORNIA GREY BEARS INC  
2710 CHANTICLEER AVE  
SANTA CRUZ CA 95065**62**

COUNTY OF SANTA CRUZ  
LIVING WAGE COMPLIANCE STATEMENT

0382

Company Name:

California Gray Bears

Address:

2710 Chanticleer Ave., Santa Cruz, 95065  
Street City State Zip

Proposed Service:

SCOR Paper collection

1. Number of employees: 9 FTE 3 PTE

If five or less, please sign below and return.

2. Are your employees covered by a collective bargaining agreement? Yes: ☐ No: ☒

If yes, please indicate the name(s) of the union and/or bargaining unit and then sign and return: \_\_\_\_\_

3. Are your employees receiving a pay rate that meets or exceeds the County of Santa Cruz Living Wage requirements (\$11.00/hr with benefits or \$12.00/hr without benefits)?

Yes: ☒ No: ☐ FTE's only (1 @ \$10.64)

4. Are medical benefits provided to your employees?

Yes: ☒ No: ☐ FTE's only

If yes, enter the name and address of the plan or program below.

California Choice 721 So. Parker #200 Orange, CA 92868

Name of program, plan or fund Address

1. Number of compensated days off (sick leave, vacation, holidays) per year for full-time employees: 28-43 depending on Seniority

3. Will any subcontractors perform work on this contract? Yes: ☐ No: ☒  
If yes, please complete and submit this form for each subcontractor working on this County Contract.

Please list any other contracts for services you currently have with the County:

<u>10245</u>	<u>\$61,041</u>
Contract/PO#	\$ Amount
<u>81675</u>	<u>\$10,500</u>
Contract/PO#	\$ Amount

<u>12738</u>	<u>\$70,000</u>	<u>C071470-</u>
Contract/PO#	\$ Amount	<u>\$144,000</u>
<u>92083</u>	<u>\$150,000 over</u>	<u>per yr.</u>
Contract/PO#	\$ Amount	<u>5 yrs</u>

Within the last five years, have you had any violations with the National Employees Relations Board, the Occupational Safety and Health Agency, the California Labor Commission, the Equal Employment Opportunity Commission, and/or the Department of Fair Employment and Housing.

If yes, attach a statement describing the findings of violations and how they were addressed. You may be required to provide information regarding employee turnover, wages paid, benefits and employee grievances or complaints.

Do you agree to provide this information within 10 days of request? Yes: ☐ No: ☒

You may be required to provide certified payroll records 30 days after the contract commencement to include the following information for each of your employees: employee name, contact phone number, job classification, date of hire, employer benefit contribution, and hourly wage.

Do you agree to provide this information within 10 days of request? Yes: ☒ No: ☐

I certify, under penalty of perjury, that the above information is true and correct.

Renee Francis

Executive Director

479-1055

479-8465

Name (please print)

Title

Phone Number

Fax Number

Renee Francis

Signature

Date

# COUNTY OF SANTA CRUZ

## REQUEST FOR APPROVAL OF AGREEMENT

TO: Board of Supervisors  
County Administrative Office  
Auditor Controller

FROM: PUBLIC WORKS (Department)  
BY: [Signature] (Signature) 6-11-02 (Date)  
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One)

Expenditure Agreement ☒ Revenue Agreement ☐

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

1. Said agreement is between the COUNTY OF SANTA CRUZ (Department/Agency)  
CALIFORNIA GREY BEARS  
and 2710 Chanticleer Avenue, Santa Cruz, CA 95065 (Name/Address)

2. The agreement will provide office paper collection services for County facilities.

3. Period of the agreement is from Board Approval to June 30, 2002  
increase

4. Anticipated costs \$ 3,000.00 ☐ Fixed ☐ Monthly Rate ☐ Annual Rate ☐ Not to Exceed

Remarks: Contract \$10,500: 7% Overhead \$735; Total \$11,235

5. Detail: ☐ On Continuing Agreements List for FY - . Page CC- - Contract No: - OR ☐ 1<sup>st</sup> Time Agreement  
☐ Section II No Board letter required, will be listed under item 8  
☐ Section III Board letter required  
☐ Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 625110!51021!3665! (Index) 3590 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and will be encumbered.

Contract No: 11675

By: [Signature]  
Auditor-Controller Deputy

Date: 06/12/02

JS:obs CC-19, III

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize DPW Director (Dept/Agency Head) to execute on behalf of the County (Department/Agency)

Date: 6/16/02

By: [Signature]  
County Administrative Office

### Distribution:

Board of Supervisors - White  
Auditor Controller - Canary  
Auditor-Controller - Pink  
Department - Gold

State of California  
County of Santa Cruz

I, [Signature] 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 Office by an order duly entered in the minutes of said Board on 20

ADM - 29 (8/01)

Title Section 300 Proc Man

By: Deputy Clerk

### AUDITOR-CONTROLLER USE ONLY

CO - \$ -  
Document No. JE Amount Lines H/TL Keyed By Date

TC110 - \$ -  
Auditor Description Amount Index Sub object User Code **52**