

# Board Contract Summary

BC 18 \_105

For use with Expenditure Contracts submitted to the Board for approval. Complete information below, print, obtain signature of authorized departmental representative, and submit this form, along with attachments, to the appropriate departments for signature. See also: Auditor-Controller Intranet Policies->Contracts.

D1.	Fiscal Year .....	FY 2020/2021 to FY 2021/2022
D2.	Department Name .....	Public Works
D3.	Contact Person .....	Jody Rundle
D4.	Telephone .....	805-882-3602

K1.	Contract Type (check one): <input checked="" type="checkbox"/> Personal Service <input type="checkbox"/> Capital	
K2.	Brief Summary of Contract Description/Purpose .....	Collection and disposal of hazardous waste.
K3.	Department Project Number .....	195001
K4.	Original Contract Amount .....	\$ 1,753,560.00
K5.	Contract Begin Date .....	July 1, 2017
K6.	Original Contract End Date .....	June 30, 2020
K7.	Amendment? (Yes or No) .....	Yes
K8.	- New Contract End Date .....	June 30, 2022
K9.	- Total Number of Amendments .....	One
K10.	- This Amendment Amount .....	\$ 1,167,250.00
K11.	- Total Previous Amendment Amounts .....	\$ 0.00
K12.	- Revised Total Contract Amount .....	\$ 2,920,810.00

B1.	Intended Board Agenda Date .....	June 16, 2020
B2.	Number of Workers Displaced (if any) .....	N/A
B3.	Number of Competitive Bids (if any) .....	N/A
B4.	Lowest Bid Amount (if bid) .....	N/A
B5.	If Board waived bids, show Agenda Date .....	N/A
	and Agenda Item Number .....	N/A
B6.	Boilerplate Contract Text Changed? (If Yes, cite Paragraph) .....	Aqmnt #1 & #2, Exhibit B, Attach B1

F1.	Fund Number .....	1930
F2.	Department Number .....	054
F3.	Line Item Account Number .....	7460
F4.	Project Number (if applicable) .....	195001
F5.	Program Number (if applicable) .....	1950
F6.	Org Unit Number (if applicable) .....	N/A
F7.	Payment Terms .....	Net 30

V1.	Auditor-Controller Vendor Number .....	004734
V2.	Payee/Contractor Name .....	Clean Harbors Environmental Services
V3.	Mailing Address .....	Post Office Box 734867
V4.	City State (two-letter) Zip (include +4 if known) .....	Dallas, TX 75373-4867
V5.	Telephone Number .....	805-987-0217, Ext. 1472
V6.	Vendor Contact Person .....	Jennifer McLaughlin
V7.	Workers Comp Insurance Expiration Date .....	11/01/2020
V8.	Liability Insurance Expiration Date .....	11/01/2020
V9.	Professional License Number .....	N/A
V10.	Verified by (print name of county staff) .....	JODY RUNDLE

V11 Company Type (Check one):  Individual  Sole Proprietorship  Partnership  Corporation

I certify information is complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: 5/7/2020 Authorized Signature: 