

# Board Contract Summary

BC 13 \_003

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 2012/2013 to FY 2014/2015 |
| D2. | Department Name ..... | 054                          |
| 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 .....  | Collect and dispose of hazardous waste. |
| K3.  | Department Project Number .....  | 195001                                  |
| K4.  | Original Contract Amount .....   | \$ 1,393,118.00                         |
| K5.  | Contract Begin Date .....  | July 1, 2012                            |
| K6.  | Original Contract End Date .....   | June 30, 2015                           |
| K7.  | Amendment? (Yes or No) .....   | Yes                                     |
| K8.  | - New Contract End Date .....  | June 30, 2015                           |
| K9.  | - Total Number of Amendments .....   | 2                                       |
| K10. | - This Amendment Amount .....  | \$ \$152,000.00                         |
| K11. | - Total Previous Amendment Amounts .....   | \$ 0.00                                 |
| K12. | - Revised Total Contract Amount .....  | \$ \$1,545,118.00                       |

|     |   |                        |
|-----|---|------------------------|
| B1. | Intended Board Agenda Date .....                                  | March 17, 2015         |
| 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 .....                                      |                        |
| B6. | Boilerplate Contract Text Changed? (If Yes, cite Paragraph) ..... | Paragraph A, Exhibit B |

|     |                                       |        |
|-----|---------------------------------------|--------|
| 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) ..... |        |
| F7. | Payment Terms .....                   | Net 30 |

|      |   |                                      |
|------|---|--------------------------------------|
| V1.  | Auditor-Controller Vendor Number .....                  | 004734                               |
| V2.  | Payee/Contractor Name .....                             | Clean Harbors Environmental Services |
| V3.  | Mailing Address .....                                   | P.O. Box 3442                        |
| V4.  | City State (two-letter) Zip (include +4 if known) ..... | Boston MA 02241-3442                 |
| V5.  | Telephone Number .....                                  | 805-987-0217, Ext. 1472              |
| V6.  | Vendor Contact Person .....                             | Jennifer McLaughlin                  |
| V7.  | Workers Comp Insurance Expiration Date .....            | 11/01/2015                           |
| V8.  | Liability Insurance Expiration Date .....               | 11/01/2015                           |
| 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: 2/12/15 Authorized Signature: 