September 1, 2015

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

PROPOSED AGREEMENT WITH CALIFORNIA CITY FOR OPERATION OF HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENT (S. D. #2)
(Fiscal Impact: None)

Enclosed is the proposed Agreement for the operation of a household hazardous waste collection event on property owned by the City of California City.

The proposed Agreement consists of utilizing the City of California City’s Fire Department parking lot as the staging area for the 2016 Household Hazardous Waste Temporary Collection Event. The event will be held April 23, 2016 from 9:00 a.m. to 12:00 p.m. and will be open to all Kern County residents.

The County operates a household hazardous waste collection program in order to encourage and provide a method for residents of the County to properly dispose of unwanted and unused household chemicals and wastes that have accumulated over the years. It has been determined that such a program is in the best interest of the public in that it will lessen the likelihood of toxic occurrences and reduce the quantity of hazardous materials that are disposed of improperly through landfills, sewers, and drainage systems. The City of California City understands the importance of these types of community events and is willing to accommodate the County’s need for this space.

The proposed Agreement has been reviewed and approved by County Counsel as to form. The County Administrative Office is aware of this request.

Therefore, IT IS RECOMMENDED that your Board approve the Agreement with The City of California City for the operation of a Household Hazardous Waste Collection Event and authorize the Chairman to sign.

Sincerely,

Craig M. Pope
Director
AGREEMENT AT A GLANCE

Proposed Vendor's Name: City of California City

Requesting Department Contact Information:

Dept Name: Public Works Dept
Contact: K. Slayton
Phone No.: 862-8957

Necessity for Board's Approval
(check all the boxes that apply)

☒ Establish a new Agreement
☐ Amendment to existing Agreement

Agreement No.: __________________________ Date Agreement Began: __________________________

Brief explanation: ____________________________________________________________

☐ Dollar amount is beyond Purchasing Agent's authority
☐ County Counsel cannot approve terms and conditions – explain in body of Board letter
☐ Sole Source – no competitive process can be performed
  ☐ Purchasing Agent has given concurrence
  ☐ Purchasing Agent has not given concurrence – explain in body of Board letter

☒ Retroactive Agreement

Date retroactive to: __________________________
Reason for delay in approval: _______________________________________________________

☐ Other: Agreement to utilize property owned by City of California City for operation of Household Hazardous Waste Collection Event

Type of Agreement:

☐ Personal/Professional Services
☐ Construction Project
☐ Equipment / Software
☐ Training
☐ Grant

☒ State
☐ Lease
☐ Joint Powers
☐ Memorandum of Understanding

☒ Other: Agreement to utilize property owned by City of California City for operation of Household Hazardous Waste Collection Event

Brief description of services being contracted:

Agreement to utilize City of California City's Fire Department parking lot for operation of Household Hazardous Waste Collection Event

Fiscal Impact: $0

Source of Funds: Solid Waste Enterprise Fund

☒ Budgeted ☐ Not Budgeted ☒ Discretionary ☐ Mandated

Will one or more Capital Assets be purchased as part of the Agreement? ☒ No ☐ Yes

Capital asset accounts must be established with the County Administrative Office before the purchase is made per Policy 507 of the County Policy and Procedures Manual, Chapter 5.

Provision for Escalation? ☒ No ☐ Yes Please describe: __________________________


Provision for Extensions: ☒ No ☐ Yes Please explain: ____________________________________________

Basis of Compensation/Cost:

☐ Low Bid
☐ RFP – Date of Award: __________________________
☐ Utilize another government agency or Buying Alliance award – Agency: __________________________
☐ Other: ____________________________________________

I verify that all information above is accurate to the best of my knowledge.

Department Head __________________________ Date 8/12/2015