



AGENDA MATERIAL

DATE 10-15-19 ITEM NO. RA 8

BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: December 3, 2019

** = Mandatory, information must be provided*

or Procurement Director Award ☐

***Contractor/Vendor Name/Grantor (DBA):**

Rio Nuevo Multipurpose Facilities District

***Project Title/Description:**

Sediment Placement on A-Mountain Landfill Intergovernmental Agreement (IGA)

***Purpose:**

Provide the District with a disposal location for sediment removed from the Santa Cruz River during the District's Silverlake to Mission Lane sediment removal project.

***Procurement Method:**

This IGA is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

The disposal area is immediately adjacent to the sediment removal project, which significantly reduces transportation costs and, thus, overall project costs.

***Public Benefit:**

The disposal area is immediately adjacent to the sediment removal project, which significantly reduces transportation costs and, thus, overall project costs.

***Metrics Available to Measure Performance:**

Volume of materials stored

***Retroactive:**

No

NOV 22 19 41 199 PCD KCF RD

Contract / Award Information

Document Type: CT Department Code: FC Contract Number (i.e., 15-123): 20*112
Effective Date: 12-03-19 Termination Date: 12-02-21 Prior Contract Number (Synergen/CMS): _____
☐ Expense Amount: \$* N/A ☐ Revenue Amount: \$ N/A

***Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☒ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☒ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☒ No

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Amendment No.: _____ AMS Version No.: _____
Effective Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

☐ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____

Is there revenue included? ☐ Yes ☐ No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) ☐ Award ☐ Amendment

Document Type: _____ Department Code: _____ Grant Number (i.e., 15-123): _____

Effective Date: _____ Termination Date: _____ Amendment Number: _____

☐ Match Amount: \$ _____ ☐ Revenue Amount: \$ _____

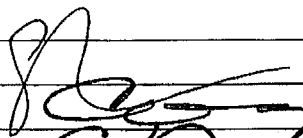
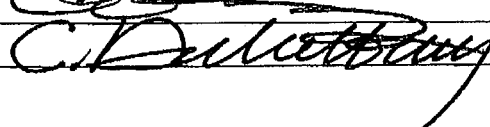
***All Funding Source(s) required:**

*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ _____ % _____

*Match funding from other sources? ☐ Yes ☐ No If Yes \$ _____ % _____

*Funding Source: _____

*If Federal funds are received, is funding coming directly from the
Federal government or passed through other organization(s)? _____

Contact: Eric Shepp, P.E., Deputy Director
Department: Regional Flood Control District Telephone: 724-4610
Department Director Signature/Date: _____
Deputy County Administrator Signature/Date:  11/14/19
County Administrator Signature/Date:  11/14/19
(Required for Board Agenda/Addendum Items)