



Proposals Forms

for the

Collection and Processing of Recyclables, Plant Trimmings, Other Compostable Organics

and the

Collection and Disposal of Garbage

for the

City of Los Altos, California

September 23, 2010

Form 1: Proposer Information

Company Name: _____

Address: _____

Telephone: _____

Fax Number: _____

E-mail address: _____

Type of entity: _____
(corporation, business trust, joint venture, partnership, sole proprietorship, etc.)

Federal Tax ID # _____

Date of incorporation or formation of the company: _____

Names of Company Officers:

Chief Executive Officer: _____

Chief Financial Officer: _____

Chief Operating Officer: _____

Names of principal owners, general partners, major shareholders, if different from the Officers.

Name, title, and signature of person duly authorized to sign this submittal on behalf of the Proposer.

Signature _____ Date _____

Name _____ Title _____

Form 2: References

For two (2) current or recent contracts for California communities, provide:

1. City _____
Contact Person _____
Address _____

Phone number _____
Term of Contract _____ to _____
number of households served _____ number of businesses served _____
number of collection trucks _____ number of workers _____
tons of garbage collected _____ TPY* tons of recyclables collected _____ TPY*
tons of yard wastes collected _____ TPY*
other relevant information:

2. City _____
Contact Person _____
Address _____

Phone number _____
Term of Contract _____ to _____
number of households served _____ number of businesses served _____
number of collection trucks _____ number of workers _____
tons of garbage collected _____ TPY* tons of recyclables collected _____ TPY*
tons of yard wastes collected _____ TPY*
other relevant information:

** TPY means tons per year*

Name of Proposer: _____

Form 3: Base Case Proposal

1. Estimated Capital Costs	<u>Number</u>	<u>(\$,000)</u>	<u>% of Total \$</u>
1. Residential Recyclables Collection Vehicles	_____	_____	_____
2. Residential Organics Collection Vehicles	_____	_____	_____
3. Residential Garbage Collection Vehicles	_____	_____	_____
4. Non-residential Recyclables Collection Vehicles	_____	_____	_____
5. Non-residential Organics Collection Vehicles	_____	_____	_____
6. Non-residential Garbage Collection Vehicles	_____	_____	_____
7. Residential Collection Carts	_____	_____	_____
8. Residential Compost Bins	_____	_____	_____
9. Non-residential Collection Containers	_____	_____	_____
10. Other equipment _____ (specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
12. Green equipment costs _____	_____	_____	_____
TOTAL CAPITAL COSTS		_____	

Name of Proposer: _____

Form 3: Base Case Proposal

2: Estimated Operating Cost

(\$,000) % of Total \$

A. DIRECT COSTS (If Applicable)

- 1. Administrative costs _____
- 1. Customer billing costs _____
- 2. Office and vehicle parking costs _____
- 3. Utilities (electrical, sanitation, etc.) _____
- 4. Franchise Fees (15.0% of gross receipts) _____
- 5. Solid Waste Fund & Disposal Fees _____

B. EQUIPMENT

- 1. Residential Recyclables Collection Vehicles: _____
- 2. Residential Organics Collection Vehicles: _____
- 3. Residential Garbage Collection Vehicles: _____
- 4. Non-residential Recyclables Collection Vehicles: _____
- 5. Non-residential Organics Collection Vehicles: _____
- 6. Non-residential Garbage Collection Vehicles: _____
- 7. Bulky Waste Collection Vehicles: _____
- 8. Recyclables Processing Equipment: _____
- 9. Spare parts _____
- 10. Supplies _____
- 12. Other equipment (specify)

Name of Proposer: _____

Form 3: Base Case Proposal

2: Estimated Operating Cost (cont.)

	<u>(\$,000)</u>	<u>% of Total</u>
C. FUEL (_____ gallons @ \$_____/gallon, est.)	_____	_____
D. LABOR		
1. Administrative	_____	_____
2. Supervisory	_____	_____
3. Operations	_____	_____
4. Maintenance	_____	_____
E. INSURANCE		
1. Annual premium cost	_____	_____
2. Performance bond cost	_____	_____
F. INDIRECT COSTS		
1. Management fee	_____	_____
2. Return on equity	_____	_____
3. Other (specify) _____	_____	_____
	_____	_____
G. REVENUE		
1. Residential customer billings	_____	_____
2. Non-residential customer billings	_____	_____
3. Sale of recyclable materials	_____	_____
4. Sale of compost	_____	_____
5. Other (specify) _____	_____	_____
	_____	_____

Name of Proposer: _____

Form 3: Base Case Proposal

2: Estimated Operating Cost (cont.)

(\$,000) % of Total

SUMMARY

A.	FACILITY	_____	_____
B.	EQUIPMENT	_____	_____
C.	FUEL	_____	_____
D.	LABOR	_____	_____
E.	INSURANCE	_____	_____
F.	INDIRECT COSTS	_____	_____
G.	(REVENUE)	(_____)	(_____)
TOTAL		_____	_____

Name of Proposer: _____

Form 3: Base Case Proposal

3. Technical Description of Equipment

Proposer should highlight the features of their proposed system that will reduce carbon emissions or provide other environmental benefits such as those listed in section 2.3 of the RFP.

Proposer shall provide technical specifications of the equipment to be used for each of the following:

1. Residential Recyclables Collection Equipment
2. Residential Organics Collection Equipment
3. Residential Garbage Collection Equipment
4. Non-residential Recyclables Collection Equipment
5. Non-residential Organics Collection Equipment
6. Non-residential Garbage Collection Equipment
7. Collection Carts
8. Collection Bins

Name of Proposer: _____

Form 3: Base Case Proposal

4. Residential Rate Matrix

Proposer shall propose a price for each service level on the matrix below. The amount charged for collection must include all costs for service.

Monthly charges (billed on a quarterly basis) to residential customers in the City of Los Altos, are based on weekly collection of carts. The **monthly charges** per household shall be:

Distance	Mini-Can (20-gallons)	32-Gallon Cart	45-Gallon Cart	64-Gallon Cart	96-Gallon Cart
0' - 5'					
5' - 100'					
101' - 200'					
201' - 300'					
301' - 400'					
401' - 500'					

The following rates are to be charged in addition to the monthly rates Proposed above:

each additional 32-gallons of service \$ _____

each additional 100' walk-in distance \$ _____

each extra on call service provided \$ _____

Special Collection Charges for on-call services (each time requested)

Freon containing items \$ _____

other special items \$ _____ (specify) _____

Name of Proposer: _____

Form 3: Base Case Proposal

5. Non-Residential Rate Matrix

The maximum monthly charges to business customers in the City of Los Altos, for collection of garbage shall be:

	Bin Charges						
Collection Frequency	.5 cubic yard*	1 cubic yard**	2 cubic yards	3 cubic yards	4 cubic yards	6 cubic yards	8 cubic yards
One per week							
Two per week							
Three per week							
Four per week							
Five per week							
Six per week							

* optional service level: .5 CY = approximately (1) 96-gallon wheeled cart service.

** if Proposer uses 1.5 cy bins instead of 1-cy bins, specify that in the Proposal and use this column.

	Push Distance Charges (in increments of feet)						
Collection Frequency	0' - 25'	26'-50'	51'-100'	101'-200'	201'-300'	301'-400'	401'-500'
One per week							
Two per week							
Three per week							
Four per week							
Five per week							
Six per week							

Additional service charges:

fee for opening a locked gate \$ _____ fees for other services *** \$ _____

fee for extra bin cleaning \$ _____ fees for collecting horse manure \$ _____

*** describe in detail any other service charges. Charges not specified will not be allowed.

NOTE: The maximum monthly charges for businesses which use up to three containers per week, which do not to exceed thirty-two (32) gallons in size, or 60 pounds in weight each, shall not be more then the charges for residential customers with the same level of service.

Name of Proposer: _____

5. Non-residential Rate Matrix (continued)

The maximum charges to debris box customers in the City of Los Altos shall be:

5.1. Debris box Charges - Provide a matrix of the rates for: each box size, weight limits and extra weight charges per box for each material type, including mixed wastes, construction wastes, clean wood, clean plant trimmings, and bulky household items. (copy the table for each material type for which there is a service charge)

Material Type _____

Box Size	Base weight limit	extra weight charges
10		
15		
20		
30		
40		

Other charges: \$ _____ for _____

5.2. Compactor Charges - Provide a matrix of the rates for: each compactor size, weight limits and extra weight charges per box for each material type, including mixed wastes, construction wastes, clean wood, clean plant trimmings, and bulky household items. (copy the table for each material type for which there is a service charge)

Material Type _____

Compactor Size	Base weight limit	extra weight charges
10		
15		
20		
30		
40		

Other charges: \$ _____ for _____

Name of Proposer: _____

Form 4: Alternative Proposal

6. Other Service Options

6.1. Street sweeping costs

\$ _____ per curb mile

6.2. Cost per year to provide collection services for 78 pairs of garbage and recycling containers on the public streets in the Downtown and Loyola Corners areas.

\$ _____ per year for six day a week service (including Sunday, but not one weekday)

\$ _____ per year for seven day a week service

6.3. Cost of service for collection of recyclables, compostables and garbage from special events.

\$ _____ per day for each event

\$ _____ per event for setup

\$ _____ per event for tear down

\$ _____ other charges per event (describe):

6.4. Cost per event for Citywide Drop-Off Days

\$ _____ per event

6.5. Cost of service for on-call collection of household hazardous wastes at the customers property.

\$ _____ per collection for each household requesting service (charge the account directly)

\$ _____ per for each collection (if costs are included in base rates to all customers)

Name of Proposer: _____

7. Exhibit BC-R: List of Recyclable Materials accepted in the Base Case Proposal
[Details on which materials should be placed in which cart]

Recyclable Materials include:

Name of Proposer: _____

8. Exhibit BC-O: List of Organic Materials accepted in the Base Case Proposal
[Details on which materials should be placed in which cart]

(For example, “Plant trimmings and produce waste only shall be placed in the Organics Cart.”)

Name of Proposer: _____

9. Exhibit BC-W, List of Materials that should not be placed in with the Recyclable and Organic Materials in the Base Case Proposal

[Details on which materials should be placed in which cart]

(For example, “Anything not listed as acceptable in the Recyclable Materials Carts or the Organic Materials carts.”)

Name of Proposer: _____

Form 4: Alternative Proposal

1. Estimated Capital Costs	<u>Number</u>	<u>(\$,000)</u>	<u>% of Total \$</u>
1. Residential Recyclables Collection Vehicles	_____	_____	_____
2. Residential Organics Collection Vehicles	_____	_____	_____
3. Residential Garbage Collection Vehicles	_____	_____	_____
4. Non-residential Recyclables Collection Vehicles	_____	_____	_____
5. Non-residential Organics Collection Vehicles	_____	_____	_____
6. Non-residential Garbage Collection Vehicles	_____	_____	_____
7. Residential Collection Carts	_____	_____	_____
8. Residential Compost Bins	_____	_____	_____
9. Non-residential Collection Containers	_____	_____	_____
10. Other equipment _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(specify)			
12. Green equipment costs _____	_____	_____	_____
TOTAL CAPITAL COSTS		_____	

Name of Proposer: _____

Form 4: Alternative Proposal

2: Estimated Operating Costs

(\$,000) % of Total \$

A. DIRECT COSTS (If Applicable)

- 1. Administrative costs _____
- 1. Customer billing costs _____
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- 8. Recyclables Processing Equipment: _____
- 9. Spare parts _____
- 10. Supplies _____
- 12. Other equipment (specify)

Name of Proposer: _____

Form 4: Alternative Proposal

2: Estimated Operating Cost (cont.)	<u>(\$,000)</u>	<u>% of Total \$</u>
C. FUEL (_____ gallons @ \$_____/gallon, est.)	_____	_____
D. LABOR		
1. Administrative	_____	_____
2. Supervisory	_____	_____
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1. Annual premium cost	_____	_____
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Name of Proposer: _____

Form 4: Alternative Proposal

2: Estimated Operating Cost (cont.)

(\$,000) % of Total

SUMMARY

A.	FACILITY	_____	_____
B.	EQUIPMENT	_____	_____
C.	FUEL	_____	_____
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E.	INSURANCE	_____	_____
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15		
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40		

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Form 4: Alternative Proposal

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Name of Proposer: _____

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Name of Proposer: _____

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[Details on which materials should be placed in which cart]

Name of Proposer: _____

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[Details on which materials should be placed in which cart]

Name of Proposer: _____