## **DESCHUTES COUNTY DOCUMENT SUMMARY**

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections above the Official Review line.

<b>Date:</b> July 12, 2021		Department: Solid Waste	
Contractor/Supplier Contractor Contact: 1520			rironmental Services, Inc. ctor Phone #: (971) 346-
Type of Document:	Amendment to Serv	vices Contract 2020-	461
Waste Management I waste facility at Knott	Program. Services po Landfill, the operation Redmond, Sisters and	rovided include oper on of rural household	pt Generator Hazardous ration of the hazardous d'hazardous waste anagement of hazardous
Notice of Intent to aw the operation of the C contract incudes the c for up to two 1-year e requested a 2.59% fe	eard a contract to Cle County's household hoption, at the County extensions. Clean Hase increase to cover in which of the contractor's	an Harbors Environr nazardous waste man 's discretion, to exter rbors Environmental increased costs relat supporting documer	ted to program operation nation for the proposed
			ave signed the agreement,
whichever is later  Annual Value or Tot		Date: 7/31/2022	
Insurance Certific Insurance Expirat	eate Received (check tion Date: 11/01/2021		
Check all that apply:  ☑ RFP, Solicitation or continuous continuo		Process (specify – se	ee DCC §2.37)
Funding Source: (In	cluded in current buc	dget? ⊠ Yes [	□ No
If <b>No</b> , has budo	get amendment beer	n submitted?	es 🗌 No

7/15/2021

Is this a Grant Agreement providing revenue to the County? $\  \  \  \  \  \  \  \  \  \  \  \  \ $
Special conditions attached to this grant:
Deadlines for reporting to the grantor:
If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter:   Yes  No
Contact information for the person responsible for grant compliance: Name: Phone #:
Departmental Contact and Title: Chad Centola, Interim Director x7172  Phone #:
Department Director Approval: Law 1/15/2021 Signature Date
<b>Distribution of Document:</b> Who gets the original document and/or copies after it has been signed? Include complete information if the document is to be mailed.
Official Review:
County Signature Required (check one):  BOCC (if \$150,000 or more) – BOARD AGENDA Item  County Administrator (if \$25,000 but under \$150,000)  Department Director - Health (if under \$50,000)  Department Head/Director (if under \$25,000)
Legal Review Date
Document Number 2021-555