Department of Public Works
Transmittal of Authority for Expenditure Document for Approval by the Board

Date: JANUARY 23, 2019

To: Fernando Campos, Executive Officer
   Board of Public Works

From: BPW-Office of Accounting
      For – Bureau of Sanitation

Re: Authority for Expenditure Number: AE19760313M $ 130,000

The Department’s procedures require that the attached Authority for Expenditure be approved by the Board of Public Works.

Please schedule it on the Board agenda for next meeting.

After approval by the Board, please transmit it to a Commissioner for approval as “Head of Department.” The approved document should then be returned to the Office of Accounting for further processing. Please contact the following person for pick-up.

OOA
Attn: Jinky Santiago
Email: jinky.santiago@lacity.org or (213) 978 2863
Room 924, City Hall

For additional information on this AE if needed, please call DEBORAH PEOPLES (213) 485-2696
CITY OF LOS ANGELES

AUTHORIZED FOR EXPENDITURE

TO: STATE WATER RESOURCES CONTROL BOARD SWRCB ACCOUNTING /AFRS
P.O. BOX 1888
SACRAMENTO, CA 95812-1888
Contact Info: 916-341-5247

PLEASE FURNISH TO THE CITY OF LOS ANGELES, CARE OF (GIVE ADDRESS)
Terminal Island Water Reclamation Plant
445 Ferry Street
San Pedro, CA 90731-7493
Will Call: Thomas Dowdy (310) 732-4756

FOR:

To encumber funds to pay for the annual waste discharge fee as required by the State of California - State Water Resources Control Board - a state regulatory agency (per California Water Code Section 13260). Annual Permit is required in order to discharge the processed wastewater produced by the Terminal Island Water Reclamation Plant. This authority is required for July 1, 2018 to June 30, 2019.

Fernando Gonzalez, Plant Manager

TO THE OFFICE OF THE CONTROLLER:

PURSUANT TO PROVISIONS OF THE CITY CHARTER AND TO THE ANNUAL DEPARTMENTAL BUDGET APPROPRIATIONS OR OF APPROPRIATIONS MADE SUBSEQUENT TO THE BUDGET. THIS IS AUTHORITY TO ISSUE A DEMAND ON THE FUND AND DEPARTMENT DESCRIBED ABOVE.

BUREAU OR DIVISION HEAD
Enrique C. Zaldivar, Director

ACCOUNTING
Victoria A. Santiago, Director

HEAD OF DEPARTMENT
Board of Public Works

CITY ATTORNEY APPROVAL OF AFE OVER $5,000
Adena Hopenstand, Deputy City Atty IV

READ THIS CAREFULLY: THIS A.F.E. MUST BE APPROVED FOR FUNDS BY THE CITY CONTROLLER BEFORE SERVICE IS RENDERED. THIS FORM SHALL NOT BE USED FOR THE PURCHASE OF MATERIALS, SUPPLIES OR RENTAL OF Equipment. INVOICES IN DUPLICATE MUST BE FORWARDED TO THE DEPARTMENT TO WHICH SERVICES WERE RENDERED.

(1) DOCUMENT NUMBER, NAME AND ADDRESS OF DEPARTMENT MUST APPEAR ON ALL INVOICES.

(2) IN CASE OF A DELAY IN PAYMENT OF INVOICE BEYOND 30 DAYS FOLLOWING THE DATE OF INVOICE, PLEASE NOTIFY THE CONTROLLER IN WRITING GIVING REFERENCE TO A.F.E. NUMBER, AND STATE TO WHAT DEPARTMENT SERVICE WAS RENDERED.

ORIGINAL/ADJUSTED AUTH. TOTAL
$130,000.00

CONTRACT OR OFFER NO. (STRIKE OUT ONE)

<table>
<thead>
<tr>
<th>LINE NO.</th>
<th>FUND</th>
<th>DEPT.</th>
<th>APPR. UNIT</th>
<th>OBJECT</th>
<th>OBJ</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>760</td>
<td>50</td>
<td>50RX82</td>
<td>60230</td>
<td></td>
<td>WASTE DISCHARGE FEE</td>
<td>$130,000.00</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>02</td>
<td>50</td>
<td>50RX82</td>
<td>60230</td>
<td></td>
<td>WASTE DISCHARGE FEE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sanitation
Commissioner Briefing Form

<table>
<thead>
<tr>
<th>Authority Number/ LOA Subject Title</th>
<th>AE19 760313M /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division</td>
<td>Public Works. LA Sanitation</td>
</tr>
<tr>
<td>Vendor</td>
<td>State Water Resource Control Board</td>
</tr>
</tbody>
</table>

Service Description
(list complete description below)

To encumber funds to pay for the annual waste discharge fee as required by the State of California - State Water Resources Control Board - a state regulatory agency (per California Water Code Section 13260). Annual Permit is required in order to discharge the processed wastewater produced by the Terminal Island Water Reclamation Plant. This authority is required for FY18-19.

Date of Briefing 12-29-2018
Time of Briefing 2:30 PM
Commissioner Name Cecilia Arguello
Commissioner Signature

Note: Please contact David Kim in Administration Section to schedule a briefing with the Commissioner.

Signed form must be submitted in AE package to Purchasing Section.

BOS Purchasing Section (Rev. 1/2014)
# LWO – DEPARTMENTAL DETERMINATION FORM

**REQUIRED DOCUMENTATION FOR ALL CONTRACTS**

This form will aid Awarding Departments with determining whether or not a contract is subject to the LWO. It must be completed by the AWARDING DEPARTMENT and submitted to the Office of Contract Compliance AFTER THE CONTRACT HAS BEEN EXECUTED. INCOMPLETE SUBMISSIONS WILL BE RETURNED. Please refer to the endnotes for more details.

**AWARDING DEPARTMENT INFO**

<table>
<thead>
<tr>
<th>Dept: LA SAN</th>
<th>Contract Administrator: THOMAS DOWDY</th>
<th>Contact Phone: 310-732-4756 MS# 542</th>
</tr>
</thead>
</table>

**CONTRACT INFO**

<table>
<thead>
<tr>
<th>Contractor Name: STATE WATER RESOURCES CONTROL BOARD</th>
<th>Contract # AE19760313M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor Address: P.O. BOX 1888 City: SACRAMENTO State: CA Zip: 95812-1888</td>
<td></td>
</tr>
<tr>
<td>Project/Contract Name: WASTE DISCHARGE FEE Purpose of Contract: TO PAY PERMIT FEES</td>
<td></td>
</tr>
<tr>
<td>Contract Amount: $130,000.00</td>
<td>Term: Start Date 07/01/18 End Date 06/30/19</td>
</tr>
</tbody>
</table>

## SECTION I: DETERMINING APPLICABILITY TO LWO

1. Check off ONE box that best describes the contract, then **Continue to #2**. This is a **New Contract** [ ] Contract Ammdmt # —

2. If you checked off “New Contract” above, **SKIP to Question #5** to determine whether this New Contract is subject to the LWO.

3. If you checked off “Contract Amendment” Please answer the following questions about the original contract:

   a. Was the original contract subject to the LWO? [ ] Yes [ ] No
   b. Was the original contract approved for an exemption? [ ] Yes [ ] No

4. If you checked off **YES** to 3a OR 3b, **THIS FORM IS NOW COMPLETE – PLEASE SUBMIT PAGE 1 ONLY TO OCC.**

5. If you checked off NO to 3a AND 3b, **Continue to #5** to determine whether this Contract Amendment is subject to the LWO.

6. Check off ONE box in Parts A, B, C or D below that best describes the contract, then **Continue to #6**:

   - These contracts **MAY** or **MAY NOT BE SUBJECT**, or **MAY or MAY NOT BE APPLICABLE** to LWO:

### PART A

- Service contract that is **less** than 3 months OR $25,000 or less
- Other governmental entity
- Purchase or rental of goods, equipment, property
- Construction contract
- Funded by Business Improvement District (BID) assessment money
- Financial assistance is below both LWO CFAR thresholds:
  - Financial assistance must be less than $1 Million in a 12-month period AND
  - Is less than $100,000 if on a continuing basis (such as a loan at a rate lower than the Applicable Federal Rate).

### PART B

- Service contract that is at least 3 months AND over $25,000.

### PART C

- Public leases or licenses

### PART D

- City Financial Assistance Recipient (CFAR) (5)

6. **If you checked off any box in Part A - THIS FORM IS NOW COMPLETE – PLEASE SUBMIT PAGE 1 ONLY TO OCC.**

7. **If you checked off a box in Part B or C, SKIP to #9.**

8. **If you checked off the box in Part D, SKIP to #13.**

9. **If you have a service contract, answer questions a, c and d ONLY, then Continue to #10.**
    - If you have a public lease/license, answer questions b, c and d ONLY, then Continue to #10.

   a. Are some of the services rendered by employees whose work site is on property owned by the City?
   b. Are the services rendered on premises at least a portion of which is visited by substantial numbers of the public on a frequent basis (including, but not limited to, airport passenger terminals, parking lots, golf courses, recreational facilities)?
   c. Could the services feasibly be performed by City employees if the awarding authority had the requisite financial and staffing resources?
   d. Has the DAA determined in writing that coverage would further the proprietary interests of the City?

10. **If you checked off **ANY boxes** in the YES column, this contract is **APPLICABLE TO THE LWO** (it is **SUBJECT**). Continue onto SECTION II, Otherwise, please continue to #11**.

11. **You DID NOT check off **ANY boxes** in the YES column. This contract is **NOT APPLICABLE TO THE LWO** (it is **NOT SUBJECT**). Fill out and submit LW-10, OCC Exemption Application for approval prior to contract execution found here: http://bca.lacity.org/index.cfm?nt=n8&ntd=div_occ_lwo_forms.cfm, then Continue to #12.**

12. **Has the exemption been approved?** If YES, **THIS FORM IS NOW COMPLETE – Once the contract has been executed, SUBMIT LW-10, Page 1 ONLY and the APPROVED EXEMPTION FORM to OCC.** If NO, **Continue onto SECTION IV.**

13. **Answer the following question to determine whether the CFAR is subject to the LWO, then Continue to #14.**

   a. Does the agreement intend to promote economic development?

14. **If you checked off NO this contract is **NOT APPLICABLE TO THE LWO** (it is **NOT SUBJEC**T). **PLEASE SUBMIT PAGE 1 ONLY TO OCC.** Otherwise, Continue to Question #15.

15. **Answer the following questions to determine whether the CFAR is subject to the LWO:**

   a. Is the Financial Assistance given in a 12-month period and above $1 Million?
   b. Is the Financial Assistance $100,000 or more on a continuing basis?

16. **If you checked off **ANY boxes** in the YES column, this contract is **APPLICABLE TO THE LWO** (it is **SUBJECT**). Continue onto SECTION II. Otherwise, this contract is **NOT APPLICABLE TO THE LWO** (it is **NOT SUBJECT**). PLEASE SUBMIT PAGE 1 ONLY TO OCC.**

---

Form OCC/LW-1, Rev. 7/09

OFFICE OF CONTRACT COMPLIANCE, EEOE SECTION: (213) 847-2625, MS#138
**Bureau of Sanitation**  
**CHARTER SECTION 1022 EXEMPTION FORM**

<table>
<thead>
<tr>
<th>Date: 11/28/18</th>
<th>Div No.: 7005</th>
<th>Div Contact: THOMAS DOWDY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Authority Type (check one)</th>
<th>Authority No.: AE19760313M</th>
<th>Div Contact Telephone: 310-732-4756</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Time PO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authority for Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Service Contract</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Before a One-Time Purchase Order or Personal Service Contract containing a service component may be processed and approved, a Charter 1022 Determination must be obtained. If a Division believes it is exempt, please complete the following and submit with the purchasing authority request.

- [ ] Contracts and contract amendments that have an incidental labor component. Incidental labor component is defined as services having a cost that is less than $25,000 for the term of the contract.  *(No Division Head Signature Required)*.

- [x] Contracts and contract amendments that have a work component that cannot be reasonably separated from other contract elements and is $25,000 or more.

- [ ] Contractor requires use of its staff or specially trained and certified persons to install, maintain or service equipment or other product in order to maintain warranties or patent rights *(Division Head Signature Required)*:

  Explain: __________________________________________

  __________________________________________

  __________________________________________

- [ ] Contracts awarded on the basis of urgent necessity pursuant to Charter Sections 371(e)(5) and (6) as approved by the City Council *(attach Council Motion or Council Resolution / Division Head Signature Required)*:

  Explain: __________________________________________

  __________________________________________

  __________________________________________

**ADDITIONAL COMMENTS:** Payment of Governmental permit Fees.

__________________________  _______________________
DIVISION HEAD SIGNATURE     DATE 12-17-2018
AUTHORITY FOR EXPENDITURE (AE)
SUPPLEMENTARY INFORMATION

VENDOR NAME AND ADDRESS:
STATE WATER RESOURCES CONTROL BOARD
SWRCB ACCOUNTING OFFICE ATTN: AFRS
P.O. BOX 1888
SACRAMENTO, CA 95812-1888

SERVICE TYPE (CHECK ONE)

ONE-TIME  [ ]
CONTINUING  [X]
INTERMITTENT  [ ]

DATES / TIME FRAME FOR SERVICES:
July 1, 2018 THRU JUNE 30, 2019

IS SERVICE IN CONJUNCTION WITH OTHER BUREAU OR GOVERNMENT ENTITY(IES)? (CHECK ONE)

YES  [ ]
NO  [X]

IF YES, NAME OF ENTITY(IES):


NATURE OF COOPERATIVE AGREEMENT:


STATE REASON(S) FOR SERVICE(S) TO BE COMPLETED AND PAID THROUGH AN AE FORMAT RATHER THAN AS A PERSONAL SERVICE CONTRACT OR CITY CONTRACT:

NO CITY CONTRACT AND TOO SMALL IN SCOPE FOR A PERSONAL SERVICES CONTRACT.


Division: TERMINAL ISLAND WATER RECLAMATION PLANT
Contact Person: THOMAS DOWDY  310-732-4756
Date: 11/28/2018

KK:(WPD/aform)
INVOICE

Annual Permit Fees Required by Sections 13260 & 13269
of the California Water Code

FACILITY ID (WDID): 4B190106005
FACILITY NAME: TERMINAL ISLAND WATER RECLAMAT
445 FERRY
SAN PEDRO, CA 90731

INVOICE NO: WD-0143234
BILLING PERIOD: 07/01/18 - 06/30/19
INVOICE DATE: 11/27/2018
INDEX NO: 346446

Total Amount Due by
Thursday, December 27, 2018
$ 122,598.00

STATE WATER RESOURCES CONTROL BOARD
Annual Permit Fee

Facility ID: 4B190106005
Invoice No: WD-0143234
Amount Due: $ 122,598.00
Due By: Thursday, December 27, 2018

Billing Period: 07/01/18 - 06/30/19

PLEASE REMIT YOUR PAYMENT ON OR BEFORE THE DUE DATE SHOWN ABOVE. LATE PAYMENT COULD RESULT IN PENALTIES UNDER PROVISIONS OF THE WATER CODE SECTION 13261. THESE ACTIONS COULD INCLUDE DAILY PENALTIES IN ADDITION TO YOUR FEE OR OTHER ACTIONS DEEMED APPROPRIATE BY THE REGIONAL BOARD.

Make your check payable to State Water Resources Control Board

If you have any questions about this invoice, please call the Water Board at 213-620-2424.

Retain this portion for your records
Please detach and return this portion with your payment

☐ CHECK HERE FOR ADDRESS CORRECTION ON THE BACK

INVOICE NO: WD-0143234
INDEX NO: 346446
(Please print the above number on check or money order)

TERMINAL ISLAND WATER RECLAMAT
MARK STARR, PLANT MANAGER
445 FERRY ST.
SAN PEDRO, CA 90731
(310) 732-4705

AMOUNT DUE: $122,598.00
BILLING PERIOD: 07/01/18 - 06/30/19
DUE BY: 12/27/18
FACILITY ID (WDID): 4B190106005
FACILITY NAME: TERMINAL ISLAND WATER RECLAMAT
445 FERRY
SAN PEDRO, CA 90731

SWRCB
PO BOX 1888
SACRAMENTO, CA 95812-1888
The following information can be found on the Fee Branch website:

- Fiscal Year 2018-19 Fee Schedule
- Instructions to pay your invoice online by electronic fund transfer (EFT)
- Frequently Asked Questions
- State Water Board's W-9 Form (Request for Taxpayer ID#)
- Check the status of your invoice payment

**Fee Branch Website:**
http://www.waterboards.ca.gov/resources/fees/

For questions about your invoice and/or permit, contact the appropriate Regional Water Quality Control Board below:

<table>
<thead>
<tr>
<th>Region</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(707) 576-2656</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>(510) 622-2400</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>(805) 549-3702</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>(213) 620-2424</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:RB4Fees@waterboards.ca.gov">RB4Fees@waterboards.ca.gov</a></td>
</tr>
<tr>
<td>5F</td>
<td>(559) 445-5550</td>
<td></td>
</tr>
<tr>
<td>5R</td>
<td>(530) 224-4850</td>
<td></td>
</tr>
<tr>
<td>5S</td>
<td>(916) 464-4727</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:R5-Fees@waterboards.ca.gov">R5-Fees@waterboards.ca.gov</a></td>
</tr>
<tr>
<td>6A</td>
<td>(530) 542-5464</td>
<td></td>
</tr>
<tr>
<td>6B</td>
<td>(760) 241-7306</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>(760) 776-8941</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>(951) 782-4902</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>(619) 521-3919</td>
<td></td>
</tr>
<tr>
<td>AE #</td>
<td>VENDOR NAME</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>AE197600313M</td>
<td>SWRCB</td>
<td></td>
</tr>
<tr>
<td>AE197600309M</td>
<td>SCAQMD</td>
<td></td>
</tr>
</tbody>
</table>

PUBLIC WORKS/ ACCOUNTING  
CITY HALL, 9TH FLOOR – MAIL STOP 470  

FUND #: Jinky  
ATTENTION: 760