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: AE19760309M $ 30,000

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

AUTHORITY FOR EXPENDITURE

Dept. PW/Bureau of Sanitation

TO: (NAME AND ADDRESS)
South Coast Air Quality Management District (SCAQMD)
P.O. Box 4943
Diamond Bar, CA 91765-0943
Contact: Donna Peterson 909-396-2900

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 for SCAQMD Title V fees, Health risk fees, and other required mandated fees for FY18-19. Annual emissions requirement fees to meet compliance standards. Title V is a national operating permit program for air pollution sources. Facilities subject to Title V must obtain a Title V permit and comply with specific Title V procedures to modify the permit.

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.

ORIGINAL/ADJUSTED AUTH. TOTAL $30,000.00

CONTRACT OR OFFER NO. (STRIKE OUT ONE)

BUREAU OR DIVISION HEAD
Enrique C. Zaldívar, 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.

CONTROLLER’S APPROVAL
Sanitation
Commissioner Briefing Form

<table>
<thead>
<tr>
<th>Authority Number/LOA Subject Title</th>
<th>AE19760309M</th>
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</thead>
<tbody>
<tr>
<td>Division</td>
<td>Public Works</td>
</tr>
<tr>
<td>Vendor</td>
<td>SCAQMD</td>
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</tbody>
</table>

Service Description
(list complete description below)

Title V fees, Health risk fees, and other required mandated fees for FY18-19. Annual emissions requirement fees to meet compliance standards. Facilities subject to Title V must obtain a Title V permit and comply with specific Title V procedures to modify the permit.

<table>
<thead>
<tr>
<th>Date of Briefing</th>
<th>11-29-2018</th>
</tr>
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<tbody>
<tr>
<td>Time of Briefing</td>
<td>2:30 PM</td>
</tr>
<tr>
<td>Commissioner Name</td>
<td>Cecilia Cabello</td>
</tr>
<tr>
<td>Commissioner Signature</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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)
# 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>
<tbody>
<tr>
<td>Authority Type (check one)</td>
<td>Authority No.: AE19760309M</td>
<td>Div Contact Telephone: 310-732-4756</td>
</tr>
<tr>
<td><em>X</em> Authority for Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ One Time PO</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:** ____________________________________________

________________________________________

__________________________  12-17-2018
# 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
- **Dept:** PW/LA SAN
- **Contract Administrator:** THOMAS DOWDY
- **Contact Phone:** 310-732-4756
- **MS#** 542

## Contract Info
- **Contractor Name:** SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Contractor Address:** PO BOX 4943
- **City:** DIAMOND BAR
- **Contract #** AE19760309M
- **State:** CA
- **Zip:** 91765-0943
- **Project/Contract Name:** SCAQMD FEES
- **Purpose of Contract:** TO PAY AQMD FEES
- **Contract Amount:** $30,000
- **Term:** Start Date 07/01/18, End Date 06/30/19

## Determining Applicability to LWO

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

### 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?
- b. Was the original contract approved for an exemption?

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

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

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

### PART A
- [x] 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:
  - (a) Financial assistance must be less than $1 Million in a 12-month period AND
  - (b) 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)

### 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.
- a. Are some of the services rendered by employees whose work sites are 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, continue to #11.

### 11. If you checked off ANY boxes in the YES column, this contract is NOT APPLICABLE TO THE LWO (it is NOT SUBJECT).
- Fill and submit LW-10, OCC Exemption Application for approval prior to contract execution found here: http://bca.lacity.org/index.cfm?nt=x&nt_body=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-1, 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 SUBJECT). 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.
AUTHORITY FOR EXPENDITURE (AE)
SUPPLEMENTARY INFORMATION

VENDOR NAME AND ADDRESS:

SCAQMD
P.O. BOX 4943
DIAMOND BAR, CA 91765-0943

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  X  /  NO  ☐

IF YES, NAME OF ENTITY(IES):

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

NATURE OF COOPERATIVE AGREEMENT:

CALIFORNIA HEALTH AND SAFETY CODE SECTIONS AND SOUTH COAST AIR QUALITY
MANAGEMENT DISTRICT RULES AUTHORIZE AQMD TO CHARGE FEES AND RELATED EXPENSES.

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
Date: 11/28/2018

KK (WPO/aform)
FIRST SOURCE HIRING ORDINANCE (FSHO)

Departmental Application for Exemption

Awarding Departments: Please fill and submit this form to Attn: EEOE, VIA FAX at (213) 847-2777 or SCAN/EMAIL to becky.balbuena@lacity.org for review and approval.

SECTION I. AWARDING DEPARTMENT/BID INFORMATION

Dept: PW/SAN Contact Person: THOMAS DOWDY Phone#: 310-732-4756 Email: THOMAS.DOWDY@LACITY.ORG
Project Title (as listed in bid): SCAQMD Fee
ID# AE19760309M

SECTION II. CONTRACTOR INFORMATION

Name of Contractor: SOUTH COST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD) Contractor Phone#: 909-396-2900
Designated Contractor Contact Person: DONNA PETERSON Email:
Street Address: P.O. BOX 4943 City: DIAMOND BAR State: CA Zip: 91765-0943 Federal ID (FEIN)#:

SECTION III. EXEMPTION INFORMATION

I am applying for this type of exemption (please use the same description you checked off on FSHO-D) then continue to Section IV.

Description

Governmental Entity

SECTION IV. EXPLANATION FOR EXEMPTION REQUEST

Please provide a detailed explanation of why this contract should be exempt from the FSHO. Attach additional sheets if necessary, then continue to Section V. You may also attach an Interdepartmental Memo in lieu of filling Section IV. BCA may require additional documentation to supplement this form.

AE IS REQUIRED TO PAY FOR FUNDS OF SCAQMD TITLE V FEES.

SECTION V. SIGNATURE AND SUBMIT

Submit this request for exemption and all supporting documentation to the Department of Public Works, Bureau of Contract Administration, Office of Contract Compliance (OCC). The OCC will make a determination within seven (7) working days of receipt of a request for exemption and all supporting documentation.

[Signature]
Department Contact Signature

[Date]
Date

An approved exemption is valid only for the contract for which it was requested. It is not valid for any other contracts the contractor may have with the City.

SECTION VI. BCA INFORMATION

☐ NOT APPROVED (see attached memorandum for explanation).

☐ APPROVED based on Code Sections:

OCC Analyst Signature

[Date]
CALIFORNIA AIR TOXICS "HOT SPOTS" PROGRAM FEE INVOICE

California Health and Safety Code Section 44380 requires the collection of fees from facilities subject to the requirements of the Air Toxics "Hot Spots" Information and Assessment Act of 1987.

EQUIPMENT
LOCATED AT: 445 FERRY ST
SAN PEDRO CA 90731

FACILITY ID: 10245

LEGAL OWNER / OPERATOR
LOCATED AT: LA CITY, TERMINAL ISLAND TREATMENT PLANT
445 FERRY ST TERMINAL ISLAND
SAN PEDRO CA 90731

INVOICE
DATE: 3/20/18

---

<table>
<thead>
<tr>
<th>Transaction Number</th>
<th>Transaction Date</th>
<th>Reference Number</th>
<th>Description</th>
<th>Transaction Amount</th>
<th>Transaction Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9465979</td>
<td>03/20/18</td>
<td>AB2588</td>
<td>AQMD Fee - July 2017 through June 2018</td>
<td>806.01</td>
<td>806.01</td>
</tr>
<tr>
<td>9465980</td>
<td>03/20/18</td>
<td>AB2588</td>
<td>State Fee - July 2017 through June 2018</td>
<td>134.00</td>
<td>134.00</td>
</tr>
</tbody>
</table>

INVOICE TOTAL: $940.01

Remarks:
Please return the duplicate copy of this invoice with your remittance to ensure proper credit to your account. Returned checks will be subject to a $25.00 service charge.

If payment not received by 5/16/2018 a 5% late payment surcharge will be imposed and all operating permits at the facility will be subject to revocation. Unpaid "Hot Spots" fees prevent AQMD from accepting applications from your facility.

Please return duplicate copy with remittance. Make check payable to South Coast AQMD.

For questions or information, call Billing Services at 909-396-2900; within California, you may call toll free 866-886-8838. Send email inquiries to billingservices@aqmd.gov.

Mail remittance to: FILE NUMBER 54296, LOS ANGELES, CA 90074-4296
### Vendor/Customer

<table>
<thead>
<tr>
<th>Vendor/Customer</th>
<th>Legal Name</th>
<th>Alias/DBA</th>
<th>Vendor Active Status</th>
<th>Customer Active Status</th>
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</thead>
<tbody>
<tr>
<td>100002102</td>
<td>SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT</td>
<td>South Coast AQMD</td>
<td>Active</td>
<td>N/A</td>
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#### General Info
- **Vendor/Customer:** 100002102
- **Legal Name:** SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Alias/DBA:** South Coast AQMD
- **Vendor Active Status:** Active
- **Vendor Approval Status:** Complete
- **Customer Active Status:** N/A
- **Customer Approval Status:** N/A
- **Location Name:**
  - **First Name:**
  - **Middle Name:**
  - **Last Name:**
- **Company Name:** SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Vendor Performance Rating:**
- **Service Vendor:**
- **Purchasing Agent Vendor:**
- **Restrict Use by Department:**
  - Miscellaneous Account
  - Internal Account
  - Third Party Only
  - Third Party Vendor
  - Third Party Customer
  - Inventory Customer
  - Never Archive
- **Restrict VSS Access:** No
- **Discontinue - No New Business:**
- **Prevent MA Reference:**
- **PunchOut Enabled:**
- **Re-PunchOut Enabled:**
- **Electronic Order Enabled:**
- **Prevent Transmission of Mod PO:**
- **Active From:** 01/01/1950
- **Active To:**
- **Last Usage Date:** 03/25/2017
- **Department:**
- **Unit:**

#### Headquarters
- **Headquarters Account:** Yes
- **Headquarters Account Code:** 100002102
- **Headquarters Account Legal Name:** SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Franchise Account:**

#### Organization

#### Disbursement Options

#### Prenote/EFT

#### Remittance Advice

#### Vendor Terms

#### Accounts Receivable

#### eMALL

#### Location Information
DATE DELIVERED: January 15, 2019

SUBMITTED BY: Raquel M. Romo

CITY DOCUMENT TYPE: **AUTHORITY FOR EXPENDITURE**

<table>
<thead>
<tr>
<th>AE #</th>
<th>VENDOR NAME</th>
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<tbody>
<tr>
<td>AE19760313M</td>
<td>SWR CB</td>
</tr>
<tr>
<td>AE19760309M</td>
<td>S CAQ MD</td>
</tr>
</tbody>
</table>

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

FUND #: Jinkyr
ATTENTION: 760
<table>
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<tr>
<th>LOCATION</th>
<th>DBA NAME</th>
<th>LOCATION ADDRESS</th>
<th>STARTED AT LOCATION</th>
<th>END DATE</th>
<th>IN CITY</th>
<th>COUNCIL</th>
<th>EMP ZONE</th>
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<tbody>
<tr>
<td>0001</td>
<td></td>
<td>21865 COPLEYS DR DIAMOND BAR CA 91765-4178</td>
<td>09/29/2008</td>
<td>N</td>
<td>Where no zone is applicable</td>
<td>None</td>
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**FCC**

**DESCRIPTION**

Professions / Occupations

**START OF ACTIVITY**

09/29/2008