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

Date: August 27, 2020

To: Fernando Campos  
   Executive Officer  
   Board of Public Works

From: BPW - Office of Accounting  
     for  
     The Bureau of Sanitation

Re: Authority for Expenditure Number: AE 21 488993M  
     $45,000

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 email Coco Guevarra at coco.guevarra@lacity.org when approved at:

   Special Funds & Projects Accounting Div 2  
   Attn: Coco Guevarra  
   Mail Stop 470  
   Room 924, City Hall

For additional information, if needed, please email Leiya Cortez at leiya.cortez@lacity.org.
CITY OF LOS ANGELES

AUTHORITY FOR EXPENDITURE

Dept. PUBLIC WORKS / LA SANITATION

<table>
<thead>
<tr>
<th>DOC CODE</th>
<th>DOC DEPT. CD.</th>
<th>DOCUMENT ID.</th>
<th>DOC. DATE</th>
<th>ACCTG. PERIOD</th>
<th>BUDGET F.Y.</th>
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<tbody>
<tr>
<td>GAEAE</td>
<td>50</td>
<td>488993M</td>
<td>08/12/20</td>
<td></td>
<td>21</td>
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**TO:** (NAME AND ADDRESS)
SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD)
21865 Copley Drive
PO Box 4943
Diamond Bar, CA 91765-0943
Phone: (909) 396-2900

PLEASE FURNISH TO THE CITY OF LOS ANGELES, CARE OF [GIVE ADDRESS]
PUBLIC WORKS / LA SANITATION / SRPCD
1149 S. Broadway, 5th Floor
Los Angeles, CA 90015
Erik Hillbrand (213) 485-3015

<table>
<thead>
<tr>
<th>LINE NO.</th>
<th>FUND</th>
<th>DEPT.</th>
<th>APPR. UNIT</th>
<th>OBJECT</th>
<th>DOBJ</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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<tr>
<td>01</td>
<td>488</td>
<td>50</td>
<td>50TX82</td>
<td>602</td>
<td>60230</td>
<td>Landfill Permits and Emissions Fees</td>
<td>$45,000.00</td>
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**FOR:**
Payment of annual operating and emissions permit fees invoices to South Coast Air Quality Management District (SCAQMD) for landfill operations at multiple LASAN locations, including Lopez Canyon Landfill, Bishop Canyon Landfill, Gaffey Landfill, Sheldon-Arleta Landfill, and Toyon Landfill. Operation without permit is a violation of state law which will result in severe penalties.

Authorize the President or two members of the Board of Public Works to execute this service agreement.
Council Districts: CD1, CD4, CD6, CD7, CD15
Fund Name: 488, Landfill Closure Maintenance Trust Fund.
There is no impact to the General Fund.

Date Range: July 1, 2020 - June 30, 2021

**ORIGINAL/ADJUSTED AUTH. TOTAL**
$45,000.00

**BUREAU OR DIVISION HEAD**
Enrique C. Zaldívar, Director

**ACCOUNTING**
Miguel De La Pena, Director

**HEAD OF DEPARTMENT**
Board of Public Works

**CITY ATTORNEY APPROVAL**
Sandra Hopstand, Deputy Attorney

**CONTROLLER'S APPROVAL**
Alicia Hopstand 8-25-2020

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 FORWARD ED 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.
AUTHORITY FOR EXPENDITURE (AE)
SUPPLEMENTARY INFORMATION

VENDOR NAME AND ADDRESS:
South Coast Air Quality Management District
21865 E. Copley Drive
Diamond Bar, CA 91765-4178

SERVICE TYPE (CHECK ONE):
- ONE-TIME
- DATES/TIMEFRAME:
  - CONTINUING
  - INTERMITTENT

FOR SERVICES:
- Required Landfill Permits and Emissions Fees
- Fiscal Year 2020-21

IS SERVICE IN CONJUNCTION WITH OTHER BUREAU OF GOVT. ENTITY(IES)? (CHECK ONE)
- YES
- NO

IF YES, NAMES OF ENTITY(IES):
- South Coast Air Quality Management District (SCAQMD)
- State of California

NATURE OF COOPERATIVE AGREEMENT:
To pay annual operating permit fees to South Coast Air Quality Management District (SCAQMD) for landfill operations at multiple facilities including Lopez Canyon Landfill, Bishop Canyon Landfill, Gaffey Landfill, Sheldon-Arleta Landfill, and Toyon Landfill. Operations without permit are a violation of state law which will result in monetary penalties for the City.

STATE REASON(S) FOR SERVICE(S) TO BE COMPLETED AND PAID THROUGH AE FORMAT RATHER THAN AS A PERSONAL SERVICE CONTRACT OR CITY CONTRACT:
State required permit fees change from year to year and cannot be paid from a personal service or city contract.

Division: SRPCD / 82011000 - PW/Sanitation
Contact Person: Erik Hillbrand (213) 485-3015
Date: August 13, 2020
Sanitation

Commissioner Briefing Form

<table>
<thead>
<tr>
<th>Authority Number/LOA Subject Title</th>
<th>AE 488993M – Landfill Permits and Emissions Fees</th>
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</thead>
<tbody>
<tr>
<td>Division</td>
<td>Solid Resources Processing and Construction Division (SRPCD)</td>
</tr>
<tr>
<td>Vendor</td>
<td>SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT (SCAQMD)</td>
</tr>
<tr>
<td>Service Description</td>
<td>(list complete description below)</td>
</tr>
</tbody>
</table>

This AE will pay annual operating permit and emissions fees to South Coast Air Quality Management District (SCAQMD) for landfill operations at multiple LASAN locations, including Lopez Canyon Landfill, Bishop Canyon Landfill, Gaffey Landfill, Sheldon-Arleta Landfill, and Toyon Landfill. 

Duration of funding: July 1, 2020 - June 30, 2021

Amount: $45,000.00

Date of Briefing: July 22, 2020

Time of Briefing: 2PM

Commissioner Name: Greg Good

Commissioner Signature: [Signature]

* For an AE with LOA attached that will be submitted to the board ($20,000 and greater), the following language is to be included on the golden rod, "Authorize the President or two members of the Board of Public Works to execute this service agreement" * All acronyms are to be spelled out

Note: Please contact Tanyesha Jackson in Administration Section to schedule a briefing with the Commissioner.

Signed form must be submitted in AE package to Purchasing Section.
### Request for Authority to Commit/Expend Funds

<table>
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<th>Field</th>
<th>Details</th>
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<td>Request Number:</td>
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<td>Fund / Account:</td>
<td>488</td>
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<tr>
<td>Dollar Amount:</td>
<td>$45,000.00</td>
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<tr>
<td>Vendor:</td>
<td>SCAQMD</td>
</tr>
<tr>
<td>Vendor Address:</td>
<td>PO Box 4943</td>
</tr>
<tr>
<td>Vendor City, State:</td>
<td>Diamond Bar, CA</td>
</tr>
<tr>
<td>Vendor Zip:</td>
<td>91785</td>
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<tr>
<td>LASAN Requestor:</td>
<td>Erik Hillbrand</td>
</tr>
<tr>
<td>Requestor Phone:</td>
<td>213-485-3015</td>
</tr>
<tr>
<td>Contract No.:</td>
<td>AE21488993M</td>
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<tr>
<td>Vendor No.:</td>
<td>100001558</td>
</tr>
<tr>
<td>Vendor Invoice No:</td>
<td></td>
</tr>
<tr>
<td>Vendor Contact:</td>
<td></td>
</tr>
<tr>
<td>Vendor Phone No.:</td>
<td>909-396-2900</td>
</tr>
</tbody>
</table>

#### Description of Request

For payment of annual operating and emissions permit fees to SCAQMD for landfill operations at multiple LASAN locations, including Lopez, Bishop, Garvey, Sheldon-Arleta, and Toyon. The permit is for FY21.

#### Request to use CIEP Funds

<table>
<thead>
<tr>
<th>LASAN Project No:</th>
<th>CIEP Project No:</th>
</tr>
</thead>
</table>

If this is a request to use Capital Improvement Expenditure Program Funds, a copy of the project description/status shall be attached for each affected and/or new project.

#### Request to Purchase Equipment

If this is a request to purchase a piece of equipment that appears on the Authorized Equipment List, attach a copy of the authorized equipment list with the specific equipment highlighted. If this is a request to purchase equipment that does not appear on the Authorized Equipment List, attach a copy of an approved Rule 11.

If this is a request to purchase a piece of non-standard computer equipment or software, a copy of authorization from ICSD must be attached.

Funds Available and Appropriate (FMD representative): Mark Shin

Digital signature: Mark Shin

Date: 2020.07,08 0851:19 -07'00'

### FOR PROCESSING DIVISION USE ONLY

This request was processed by: ___________________________ on ________ Ext. ________

This request was not processed for the following reasons:

____________________________

This determination made by: ___________________________ on ________ Ext. ________

Upon processing this request, forward a completed copy of this form to:

LASAN/FMD/Solids Fiscal Management Section
1149 S. Broadway, Suite 500
Stop: 521
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 / LASAN Contract Administrator: Erik Hillbrand Contact Phone: (213) 485-3015 MS# 624

CONTRACT INFO
Contractor: South Coast Air Quality Management District (SCAQMD) Contract #: AE21488993M
Contractor Address: 21865 Copley Drive, PO Box 4943 City-Diamond Bar State: CA Zip: 91765-0943
Purpose of Contract: To pay annual landfill permits and emissions fees for multiple landfill locations
Contract Amount: $ 45,000.00 Term: Start Date: 07/01/20 End Date: 06/30/21

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 Amendment # --

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
   c. If YES, please note what type of exemption it received:__________________________

4. If you checked off YES to 3a OR 3b, THIS FORM IS NOW COMPLETE – PLEASE SUBMIT PAGE 1 ONLY TO OCC.
   If you checked off NO to 3a AND 3b, Continue to #5 to determine whether this Contract Amendment is subject to the LWO.

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:

   PART A
   □ Service contract that is less than 3 months OR $25,000 or less
   □ Other governmental entity
   □ Purchase of rental of goods, equipment, property
   □ Construction contract
   □ Financial assistance is below both LWO CFAR thresholds:
     (a) Financial assistance must be less than $1 Million in a 12-month period
     (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.
   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? Yes No
   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)? Yes No
   c. Could the services feasibly be performed by City employees if the awarding authority had the requisite financial and staffing resources? Yes No
   d. Has the DAA determined in writing that coverage would further the proprietary interests of the City? Yes No

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. You DID NOT check 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.acity.org/index.cfm?ntx=ee&ntx_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? Yes No

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? Yes No
    b. Is the Financial Assistance $100,000 or more on a continuing basis? Yes No

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.
### 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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<tr>
<td>100001558</td>
<td>SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT</td>
<td>SCAQMD</td>
<td>Active</td>
<td>N/A</td>
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**First Prev Next Last Attachments**

**General Info**

- **Vendor/Customer**: 100001558
- **Legal Name**: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Alias/DBA**: SCAQMD
- **Vendor Active Status**: Active
- **Vendor Approval Status**: Complete
- **Customer Active Status**: N/A
- **Location Name**: 
- **First Name**: 
- **Middle Name**: 
- **Last Name**: 
- **Company Name**: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Vendor Performance Rating**: 
- **Service Vendor**: Yes
- **Purchasing Agent Vendor**: No
- **ePayables Vendor**: No
- **Restrict Use by Department**: 
- **Miscellaneous Account**: No
- **Internal Account**: No
- **Third Party Only**: No
- **Third Party Vendor**: No
- **Third Party Customer**: No
- **Inventory Customer**: No
- **Never Archive**: No
- **Restrict VSS Access**: No
- **Discontinue - No New Business**: No
- **Prevent MA Reference**: No
- **PunchOut Enabled**: No
- **Re-PunchOut Enabled**: No
- **Electronic Order Enabled**: No
- **Prevent Transmission of Mod PO**: No
- **Active From**: 01/01/1950
- **Active To**: 
- **Last Usage Date**: 03/05/2020
- **Department**: 
- **Unit**: 

**Headquarters**

- **Headquarters Account**: Yes
- **Headquarters Account Code**: 100001558
- **Headquarters Account Legal Name**: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Catalog DUNS**: 
- **Catalog Extended DUNS**: 
- **Taxpayer ID Number**: *****9419
- **Taxpayer ID Number Type**: EIN
- **Web Address**: http://

**Organization**

- **Organization Type**: Company
- **1099 Classification**: Corporation
- **1099 Indicator**: No
- **1042-S Indicator**: 
- **1042-S Recipient Code**: 
- **Taxpayer ID Number**: *****9419

https://fms.insidela.org/webapp/PRDFIN1X1/Advantage

7/14/2020
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**Disbursement Options**

**Prenot/EFT**

**Remittance Advice**

**Vendor Terms**

**Accounts Receivable**

**eMALL**

**Location Information**

**Executive Compensation**

**Change Management**
## Vendor/Customer

### Address

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<th>Address Type</th>
<th>Street 1</th>
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<td>DIAMOND BAR</td>
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<td>91765-4182</td>
<td>NOT AVAILABLE</td>
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</table>

First Prev Next Last

### Vendor/Customer Information

- **Vendor/Customer ID:** 100001558
- **Active From:** 06/15/2011
- **Active To:**
- **Active Address:** Yes
- **Default Currency:** USD - US Dollar
- **Address Type:** SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT
- **Division/Department:**
- **Additional Address Info.:**
- **Prevent New Spending:**
- **Default Phone:** NO PHONE
- **Country Phone Code:** 1
- **Country:** US
- **County Name:**
- **County:**
- **City:** DIAMOND BAR
- **State/Province:** CA
- **Street:** 21865 COPLEY DR
- **Street:** PO BOX 4943
- **Zip/Postal Code:** 91765-0943
- **DUNS:**
- **Extended DUNS:**
- **CAGE Code:**

### Change Management

https://fms.insidela.org/webapp/PRDFIN1X1/Advantage

7/14/2020