

SECTION 7 PROPOSAL FORMS

Forms A to N on the following pages are the required forms that must be completed as part of the Proposal. The questions that are not applicable should be included and marked "Not Applicable." The purpose of the forms contained herein is not intended in any way to limit the type, quality or quantity of data and information supplied by the Proposer. Forms not completed in full may result in disqualification.

Proposers are reminded that the CITY strongly seeks to minimize impacts to the current customer service rates while retaining or improving upon the current level of service.

FORM A
PROPOSER'S STATEMENT OF ORGANIZATION

1. Full Name of Business Concern (Proposer):

Principal Business Address:

2. Principal Contact Person(s):

3. Form of Business Concern (Corporation, Partnership, Joint Venture, Other):

4. Provide names of partners or offices as appropriate and indicate if the individual has the authority to sign in name of proposer. Provide proof of the ability of the individuals so named to legally bind the proposer.

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

If a corporation, in what state incorporated: _____

Date Incorporated: _____
 Month Day Year

If a Joint Venture or Partnership, date of Agreement: _____

5. List all firms participating in this project (including designers, prime contractors, subcontractors, operators, major equipment suppliers, etc.):

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

FORM A (Cont.)

6. Outline specific areas of responsibility for each firm listed in Question 5.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

7. Identify the provisions of any agreement between parties which assigns legal or financial liabilities or responsibilities:

8. If responding firm(s) are a partially or fully-owned subsidiary of another firm, or share common ownership with another firm, please identify the firms and relationships.

**FORM B
STAFFING**

Attach an organization chart (s) for each applicable Service Type (Single-Family, Multi-family, Yard Trimmings and Street Sweeping) and each applicable Service District. If the Proposer is submitting proposals on multiple Service Types and/or multiple Service Districts, a single organization chart can be provided which incorporates each Service Type and each Service District.

The organization chart must show staffing by position, number of staff per position and organizational relationship of positions. Also attach narrative description of duties and responsibilities of each staff position and qualifications required for each position. If any staff person(s) is to be used in more than one Program, this should be indicated. For professional or management level staff that will be responsible for providing services, provide a detailed resume indicating the individual(s) areas of expertise and experience. Resumes must be provided in the following format, however additional information may be provided at the option of the proposer.

-
- A. Name & Title
 - B. Project Assignment
 - C. Name of Company with which Associated
 - D. Years Experience with:
 - This Company:
 - With Other Similar Companies:
 - E. Education: Degree(s)
Year/Specialization
 - F. Professional References: (List a minimum of 3)
 - G. Other Relevant Experience and Qualifications

FORM C
GARBAGE COLLECTION VEHICLES

(Complete one form for each type of collection vehicle)

1. Manufacturer and Model

A. Cab and Chassis _____

B. Body _____

C. Engine _____

D. Transmission _____

2. Number of Vehicles _____

3. Cab and Chassis:

A. Frame Height _____ inches

B. Walk-In Cab _____ yes _____ no

C. Frame Height _____ inches

D. Number of Axles _____

E. Dual Drive _____ yes _____ no

(sit-down on left & stand-up on right)

F. Overall Approximate Length
With Body Mounted: _____ inches

4. Body:

A. Type of Body (open-top, closed body, etc.) _____

B. Rated Capacity _____ cu.yd.

C. Practical or Net Capacity _____ cu.yd.

D. No. of Bins or Compartments _____ cu.yd.

E. Net Capacity of Each Bin or Compartment
(indicate if capacities are adjustable) _____ cu.yd.

F. Body Length:

Overall _____ inches

Inside _____ inches

FORM C (Cont.)

G. Body Height

Overall _____ inches

Inside _____ inches

H. Body Width

Overall _____ inches

Inside _____ inches

I. Location where partitions may be released or locked (if applicable)

J. Type of Body Loading (manual, mechanical, etc.)

K. Location of Loading by Crew Member (Right side, right and left side, rear, etc.)

L. Direction and Type of Unloading (Rear unloading with swinging partitions, side and/or rear unloading with separate bins, etc.)

M. Loading Height Above Ground

Minimum _____ inches

Maximum _____ inches

N. Materials of Construction

O. Weight

GVW _____ lbs

Tare _____ lbs

5. Overall height when roof of body is open _____ inches (if applicable)

6. Will the vehicles be owned, leased, or other? _____

7. Purchase cost of each vehicle _____

8. Fuel type _____

9. Fuel usage _____ mpg

FORM C (Cont.)

10. Emissions rating

- A. CO _____ g/bhp/hr
- B. HC (total hydrocarbons) _____ g/bhp/hr
- C. NO_x _____ g/bhp/hr
- D. Particulate Matter _____ g/bhp/hr

11. Safety Features _____

FORM D
RECYCLABLES COLLECTION VEHICLES

(Complete one form for each type of collection vehicle)

1. Manufacturer and Model

A. Cab and Chassis _____

B. Body _____

C. Engine _____

D. Transmission _____

2. Number of Vehicles _____

3. Cab and Chassis:

A. Frame Height _____ inches

B. Walk-In Cab _____ yes _____ no

C. Frame Height _____ inches

D. Number of Axles _____

E. Dual Drive _____ yes _____ no

(sit-down on left & stand-up on right)

F. Overall Approximate Length
With Body Mounted: _____ inches

4. Body:

A. Type of Body (open-top, closed body, etc.) _____

B. Rated Capacity _____ cu yd

C. Practical or Net Capacity _____ cu.yd.

D. No. of Bins or Compartments _____ cu.yd.

E. Net Capacity of Each Bin or Compartment
(indicate if capacities are adjustable) _____ cu.yd.

F. Body Length:

Overall _____ inches

Inside _____ inches

FORM D (Cont.)

G. Body Height

Overall _____ inches

Inside _____ inches

H. Body Width

Overall _____ inches

Inside _____ inches

I. Location where partitions may be released or locked (if applicable)

J. Type of Body Loading (manual, mechanical, etc.)

K. Location of Loading by Crew Member (Right side, right and left side, rear, etc.)

L. Direction and Type of Unloading (Rear unloading with swinging partitions, side and/or rear unloading with separate bins, etc.)

M. Loading Height Above Ground

Minimum _____ inches

Maximum _____ inches

N. Materials of Construction

O. Weight

GVW _____ lbs

Tare _____ lbs

5. Overall height when roof of body is open _____ inches (if applicable)

6. Will the vehicles be owned, leased, or other? _____

7. Purchase cost of each vehicle _____

8. Fuel type _____

9. Fuel usage _____ mpg

FORM D (Cont.)

10. Emissions rating

- A. CO _____ g/bhp/hr
- B. HC (total hydrocarbons) _____ g/bhp/hr
- C. NO_x _____ g/bhp/hr
- D. Particulate Matter _____ g/bhp/hr

11. Safety Features _____

FORM E
YARD TRIMMINGS COLLECTION VEHICLES

(Complete one form for each type of collection vehicle)

1. Manufacturer and Model

A. Cab and Chassis _____

B. Body _____

C. Engine _____

D. Transmission _____

2. Number of Vehicles _____

3. Cab and Chassis:

A. Frame Height _____ inches

B. Walk-In Cab _____ yes _____ no

C. Frame Height _____ inches

D. Number of Axles _____

E. Dual Drive _____ yes _____ no

(sit-down on left & stand-up on right)

F. Overall Approximate Length
With Body Mounted: _____ inches

4. Body:

A. Type of Body (open-top, closed body, etc.) _____

B. Rated Capacity _____ cu.yd.

C. Practical or Net Capacity _____ cu.yd.

D. No. of Bins or Compartments _____ cu.yd.

E. Net Capacity of Each Bin or Compartment
(indicate if capacities are adjustable) _____ cu.yd.

F. Body Length:

Overall _____ inches

Inside _____ inches

FORM E (Cont.)

G. Body Height

Overall _____ inches

Inside _____ inches

H. Body Width

Overall _____ inches

Inside _____ inches

I. Location where partitions may be released or locked (if applicable)

J. Type of Body Loading (manual, mechanical, etc.)

K. Location of Loading by Crew Member (Right side, right and left side, rear, etc.)

L. Direction and Type of Unloading (Rear unloading with swinging partitions, side and/or rear unloading with separate bins, etc.)

M. Loading Height Above Ground

Minimum _____ inches

Maximum _____ inches

N. Materials of Construction

O. Weight

GVW _____ lbs

Tare _____ lbs

5. Overall height when roof of body is open _____ inches (if applicable)

6. Will the vehicles be owned, leased, or other? _____

7. Purchase cost of each vehicle _____

8. Fuel type _____

9. Fuel usage _____ mpg

FORM E (Cont.)

10. Emissions rating

- A. CO _____ g/bhp/hr
- B. HC (total hydrocarbons) _____ g/bhp/hr
- C. NO_x _____ g/bhp/hr
- D. Particulate Matter _____ g/bhp/hr

11. Safety Features _____

FORM F
STREET SWEEPING VEHICLES

(Complete one form for each type of collection vehicle)

1. Manufacturer and Model
 - A. Cab and Chassis _____
 - B. Body _____
 - C. Engine _____
 - D. Transmission _____
2. Number of Vehicles _____
3. Cab and Chassis:
 - A. Frame Height _____ inches
 - B. Frame Height _____ inches
 - C. Number of Axles _____
 - D. Dual Drive _____ yes _____ no
(sit-down on left & stand-up on right)
 - E. Overall Approximate Length
With Body Mounted: _____ inches
4. Body:
 - A. Rated Hopper Capacity _____ cu.yd.
 - B. Practical or Net Capacity _____ cu.yd.
 - C. Body Length:
 - Overall _____ inches
 - Inside _____ inches
 - D. Body Height
 - Overall _____ inches
 - Inside _____ inches
 - E. Body Width
 - Overall _____ inches
 - Inside _____ inches

FORM F (Cont.)

- F. Location where partitions may be released or locked (if applicable) _____
- G. Type of Body Loading (manual, mechanical, etc.) _____
- H. Location of Loading by Crew Member (Right side, right and left side, rear, etc.) _____
- I. Sweeper path Width (Brooms fully extended.) _____
- J. Direction and Type of Unloading (Rear unloading with swinging partitions, side and/or rear unloading with separate bins, etc.) _____
- K. Loading Height Above Ground
 - Minimum _____ inches
 - Maximum _____ inches
- L. Materials of Construction _____

- M. Weight
 - GVW _____ lbs
 - Tare _____ lbs
- 5. Type of Sweeper: (Broom, Vacuum, Hybrid, Other) _____
- 6. Will the vehicles be owned, leased, or other? _____
- 7. Purchase cost of each vehicle _____
- 8. Fuel type _____
- 9. Fuel usage _____ mpg
- 10. Emissions rating
 - A. CO _____ g/mile
 - B. HC (total hydrocarbons) _____ g/mile
 - C. NO_x _____ g/mile
 - D. Particulate Matter _____ g/mile

FORM F (Cont.)

11. Safety Features

12. Age

13. Date of Last Rebuild

14. Describe the ability of each type of equipment
to remove non-point source pollutants

FORM G
SFD COLLECTION SERVICE

Garbage Carts

1. Manufacturer
2. Description and Type
3. Material of Construction (recycled content).....
4. Material Content.....
5. Durability (in service years) years
6. Cost of Each Container..... (20 gal)¹
..... (32 gal)
..... (64 gal)
..... (96 gal)
7. Manufacturer's warranty (10-year minimum and
attach a copy) years

Recycling Carts

1. Manufacturer
2. Description and Type
3. Material of Construction (recycled content).....
4. Material Content.....
5. Durability (in service years) years
6. Cost of Each Container..... (32 gal)
..... (64 gal)
..... (96 gal)
7. Manufacturer's warranty (10-year minimum and
attach a copy) years

¹ 20-gallon capacity _____ 32 gallon cart and 20-gallon insert.

FORM H
MFD COLLECTION SERVICE

Garbage Bins

1. Manufacturer
2. Description and Type
3. Material of Construction (recycled content).....
4. Durability (in service years) years

Recycling Bins

5. Manufacturer
6. Description and Type
7. Material of Construction (recycled content).....
8. Durability (in service years) years

Cost

9. Cost of Each Container.....

Garbage Bins

- _____ (1 Cu. Yd)
- _____ (1.5 Cu. Yd.)
- _____ (2 Cu. Yd)
- _____ (3 Cu. Yd)
- _____ (4 Cu. Yd)
- _____ (5 Cu. Yd)
- _____ (6 Cu. Yd)
- _____ (7 Cu. Yd)
- _____ (8 Cu. Yd)

Recycling Bins

- _____ (1 Cu. Yd)
- _____ (1.5 Cu. Yd.)
- _____ (2 Cu. Yd)
- _____ (3 Cu. Yd)
- _____ (4 Cu. Yd)
- _____ (5 Cu. Yd)
- _____ (6 Cu. Yd)
- _____ (7 Cu. Yd)
- _____ (8 Cu. Yd)

10. Manufacturer's warranty (1-year minimum and attach a copy) years

FORM H (Cont.)

MFD Recycling Carts

- 11. Manufacturer _____
- 12. Description and Type _____
- 13. Material of Construction (recycled content)..... _____
- 14. Material Content..... _____
- 15. Durability (in service years) _____ years
- 16. Cost of Each Container..... _____ (96 gal)
- 17. Manufacturer's warranty (10-year minimum and
attach a copy) _____ years

FORM J
TRANSFER STATION FACILITY COMMITMENT (IF APPLICABLE)

(Provide One Per Facility Site)

1. Name of Transfer Station Facility
2. Location of Transfer Station Facility
3. Proposer's role in the Transfer Station Facility
4. Other contracting parties:.....
5. Name, telephone number, and address of
Transfer station facility's clients to contact.....
6. Name, telephone number and address of
transfer station facility's owner to contact
7. Types of materials accepted.....
8. Quantity of materials permitted
by material type (tpd and tpy)
9. CIWMB Permit Type and Number
10. Local Land-use Permit Number.....
11. Per ton transfer fee
12. Letter of commitment from facility attached yes _____ no _____

FORM K
RECYCLABLES PROCESSING FACILITY COMMITMENT

(Provide One Per Recyclable Materials Recovery Facility)

1. Name of Processing Facility.....
2. Location of Processing Facility.....
3. Proposer's role in the Processing Facility
4. Other contracting parties:.....
5. Name, telephone number, and address of
Facility's Clients to contact.....
6. Name, telephone number, and address of
Facility's Owner to contact.....
7. Date of Operation
8. Current status of Processing Facility.....
9. Types of materials accepted for processing.....
10. Quantity of materials permitted for
processing type (tpd and tpy)
11. CIWMB Permit Type and Number
12. Local Land-use Permit Number.....
13. Annual total materials processed in most
- most recent year of operation (specify year)
14. Per ton processing fee.....
15. Per ton recyclables revenue (average)

FORM K (Cont.)

16. Processing methodology used at facility
(e.g., commingled or source separated
recyclables, etc.) _____

17. Letter of commitment from facility attached _____ yes _____ no

FORM L
Yard TRIMMINGS PROCESSING FACILITY COMMITMENT

(Provide One Per Yard Trimmings Processing Facility)

1. Name of Processing Facility.....
2. Location of Processing Facility.....
3. Proposer's role in the Processing Facility
4. Other contracting parties:.....
5. Name, telephone number, and address of.....
processor's Clients to contact
6. Name, telephone number, and address of
processor's Owner to contact
7. Date of Operation
8. Current status of Processing Facility.....
9. Types of materials accepted for processing.....
10. Quantity of materials permitted for
processing type (tpd and tpy)
11. CIWMB Permit Type and Number
12. Local Land-use Permit Number.....
13. Annual total materials processed in most
most recent year of operation (specify year)
14. Per ton processing fee.....
15. Types of finished product(s)
16. Letter of commitment from facility attached yes _____ no

FORM M
EXCEPTIONS TO AGREEMENT

Proposers are to prepare the Cost Proposal forms based on the program specifications set forth in the RFP documents without considering any exceptions that may be set forth on this form.

In the event the Proposer takes exception to the RFP specifications they may set forth those exceptions in the following manner.

- The exceptions are to be presented on a paper whose pages are titled, "Form M Exceptions to Agreement".
- Each exception must be presented separately by stating the specific exception, the suggested changes to the program related to the exception, the suggested changes in the Agreement language related to the exception, the manner in which the proposed change would benefit the City, the customers or both, and the specific dollar change in each of the various service rates, as proposed by the Proposer in this RFP, that would take place if the exception was accepted by the City.
- The exceptions must be followed with the following language without exception.
"Except as set forth above, Proposer is in complete agreement with the proposed terms, conditions and business arrangements described in the RFP including the attached Agreement. The Proposer assumes the risk of all conditions foreseen or unforeseen and agrees to provide the services set forth in the Agreement under whatever circumstances may develop other than as herein provided."
- The form must be signed by an individual authorized to commit the proposer's firm to the Agreement in the manner set forth below.

Signature _____

Type Name _____

Title _____

Date _____

Please note that if exceptions are taken, all required information as set forth above must be submitted. Exceptions taken without providing the required information will not be considered.

FORM N
COST PROPOSAL FORMS

The Undersigned hereby certifies as follows:

That _____ have personally and carefully examined the specifications and instructions for the work to be done for the City of San Jose as set forth in Sections 1 –7 of this RFP.

That _____ have made examination of the services as applicable to the Proposal, and fully understand the character of the work to be done.

That, having made the necessary examination, the undersigned hereby proposes to furnish all materials, vehicles, plant, equipment and facilities, and to perform all labor and services which may be required to do said work with the time fixed and upon the terms and conditions provided in the Agreement, at the service rates set forth on the Cost Proposal Forms set forth below. (Proposer should mark out and initial Cost Proposal Forms that are not applicable):

1. SFD COLLECTION SERVICES

Service rates as indicated in Form N-1.

2. MFD COLLECTION SERVICES

Service rates as indicated in Form N-2.

3. YARD TRIMMINGS COLLECTION SERVICES AND RESIDENTIAL STREET SWEEPING SERVICES

Service rates as indicated in Form N-3.

4. EMERGENCY SERVICE RATES

Service rates as indicated in Form N-4.

5. MULTIPLE SERVICE TYPE DISCOUNT

Discount as indicated in Form N-5.

(See signature instructions below.)

FORM N (Cont.)

PROPOSER

President/Partner/Owner

Secretary

Firm Name

Individual: _____ Partnership: _____

Corporation _____, A _____ Corporation
(State of Incorporation)

Date _____

Signature Instructions:

If business is a CORPORATION, name of the corporation should be listed in full and both President and Secretary must sign the form, OR if one signature is permitted by corporation by-laws, a copy of the by-laws shall be furnished to the City as part of the proposal.

If business is a PARTNERSHIP, the full name of each partner should be listed followed by d/b/a (doing business as) and firm or trade name; any one partner may sign the form. If the business is an INDIVIDUAL PROPRIETERSHIP, the name of the owner should appear followed by d/b/a and name of the company.

**FORM N-1
 COST PROPOSAL FOR SFD COLLECTION SERVICES**

The following cost proposal form is for SFD Collection Services. All service rates proposed on this form shall be fixed through June 30, 2003 and should reflect service requirements as specified in the Collection Services Agreement. Proposers may propose on any or all Service Districts, however, the City shall not award more than two Service Districts to any single Proposer.

FORM N-1 SFD COLLECTION SERVICES			
	Monthly Rates Per SFD Service Unit		
	District A	District B	District C
A. BASE SERVICE RATES			
1. SFD Solid Waste Collection Service	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
2. SFD Recycling Service			
a. Collection	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
b. Processing	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
3. SFD Used Oil Collection Service			
a. Used Oil and Filters Collection	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
b. Used Oil and Filters Processing	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
4. TOTAL BASE SERVICE RATE (Nos. 1. – 3.)	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
B. ADDITIONAL SERVICE RATES			
1. Subscription On-Premise Collection of all Base Service Collection Elements ⁽¹⁾	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
2. Cart Exchanges in Excess of Once per Year	\$ /Occurrence	\$ /Occurrence	\$ /Occurrence
3. Large Item Collection (Increments of up to 3 Items)	\$ /Collection	\$ /Collection	\$ /Collection
4. Tagged Garbage Bag Collection	\$ /Bag	\$ /Bag	\$ /Bag
5. Neighborhood Cleanup Services			
a. 30 Cu Yd Container	\$ /Roll-off Container/Event	\$ /Roll-off Container/Event	\$ /Roll-off Container/Event
b. 40 Cu Yd Container	\$ /Roll-off Container/Event	\$ /Roll-off Container/Event	\$ /Roll-off Container/Event

¹ This rate will be added to the collection elements (A.1., A.2.a., A.3.a.) of the Base Service Rate.

FORM N-1 SFD COLLECTION SERVICES			
	Rates Per SFD Service Unit		
	District A	District B	District C
C. OPTIONAL SERVICE RATES			
1. Annual Residential Solid Waste Diversion Incentive Rates⁽¹⁾	Per SFD Service Unit	Per SFD Service Unit	Per SFD Service Unit
a. 40% Diversion	\$ /Unit/Year	\$ /Unit/Year	\$ /Unit/Year
b. 42% Diversion	\$ /Unit/Year	\$ /Unit/Year	\$ /Unit/Year
c. 44% Diversion	\$ /Unit/Year	\$ /Unit/Year	\$ /Unit/Year
d. 46+% Diversion	\$ /Unit/Year	\$ /Unit/Year	\$ /Unit/Year
2. Use of Proposed Alternative Fuel Vehicles (AFVs)⁽²⁾	\$ More/Less /Unit/Mo	\$ More/Less /Unit/Mo	\$ More/Less /Unit/Mo
D. SERVICE RATE DISCOUNT			
	Percent Discount		
1. Multi-Service District Discount (applies to all service rates) ⁽³⁾	%		

⁽¹⁾ The proposed per SFD Service Unit Residential Solid Waste diversion incentive rate will be multiplied by the average monthly SFD Service Unit count to calculate the annual Residential Solid Waste diversion incentive payment.

⁽²⁾ The AFV rate represents the amount by which the collection elements (A.1., A.2.a., and A.3.a.) of the Base Service Rate will be adjusted at the beginning of the first Agreement Year in the event the City accepts the AFV portion of the Proposers Operating Plan.

⁽³⁾ The Multi-Service District Discount represents the percentage amount by which all service rates set forth in Sections A and B of this Form N-1 will be decreased in the event the Proposer is awarded services in more than one Service District.

**FORM N-2
COST PROPOSAL FOR MFD COLLECTION SERVICES**

The following cost proposal form is for monthly MFD Collection Services. All service rates proposed on this form shall be fixed through June 30, 2003 and should reflect service requirements as specified in the Collection Services Agreement. Proposers may propose on any or all Service Districts and the City may award one or both Service Districts to any Proposer.

If the Proposer does not offer service for bin sizes as indicated below, the Proposer should indicate this as "N/A." In addition, if the Proposer offers additional bin sizes not included below, Proposer should indicate this in the space provided.

FORM N-2 SERVICE RATES FOR <u>MONTHLY</u> MFD COLLECTION SERVICE										
	COLLECTION FREQUENCY – DISTRICT A					COLLECTION FREQUENCY – DISTRICT B				
	1X WEEK	2X WEEK	3X WEEK	4X WEEK	5X WEEK	1X WEEK	2X WEEK	3X WEEK	4X WEEK	5X WEEK
A. MFD SOLID WASTE COLLECTION SERVICE										
1 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
1.5 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
8 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

FORM N-2										
SERVICE RATES FOR MONTHLY MFD COLLECTION SERVICE										
	COLLECTION FREQUENCY – DISTRICT A					COLLECTION FREQUENCY – DISTRICT B				
	1X WEEK	2X WEEK	3X WEEK	4X WEEK	5X WEEK	1X WEEK	2X WEEK	3X WEEK	4X WEEK	5X WEEK
A. MFD SOLID WASTE COLLECTION SERVICE (Cont.)										
Roll-Off Compactor:										
Collection (Per Cubic Yard)	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY
Other (Proposer to Specify) : Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
B. MFD RECYCLING SERVICE										
1 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
1.5 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
2 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
4 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
5 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
6 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
8 cu yd Bin: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
96 Gallon Cart: Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

FORM N-2 SERVICE RATES FOR MONTHLY MFD COLLECTION SERVICE										
	COLLECTION FREQUENCY – DISTRICT A					COLLECTION FREQUENCY – DISTRICT B				
	1X WEEK	2X WEEK	3X WEEK	4X WEEK	5X WEEK	1X WEEK	2X WEEK	3X WEEK	4X WEEK	5X WEEK
B. MFD RECYCLING SERVICE (Cont.)										
Roll-Off Compactor:										
Collection (Per Cubic Yard)	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY	\$ CY
Other (Proposer to Specify) : Collection	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rental	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
C. MULTI-FAMILY COLLECTION CONTAINER PUSH RATES										
0-25 feet	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
26-50 feet	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
52-75 feet	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
76-100 feet	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
101+ feet	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	District A					District B				
D. LARGE ITEM COLLECTION										
Three Item Collection	\$ /Collection					\$ /Collection				
E. CONTAINER HANDLING FEES										
1. Cleaning in excess of once per year	\$ /Occurrence					\$ /Occurrence				
2. Exchange in excess of once per year:										
a. Carts	\$ /Occurrence					\$ /Occurrence				
b. Bins	\$ /Occurrence					\$ /Occurrence				
3. Lock Charge	\$ /Bin/Mo					\$ /Bin/Mo				
F. USED OIL AND FILTER COLLECTION										
1. a. Used Oil Collection	\$ /Container					\$ /Container				
b. Used Oil Processing	\$ /Container					\$ /Container				
2. a. Used Oil Filter Collection	\$ /Container					\$ /Container				
b. Used Oil Filter Processing	\$ /Container					\$ /Container				

FORM N-2 SERVICE RATES FOR <u>MONTHLY MFD COLLECTION SERVICE</u>				
	District A	District B		
G. OPTIONAL SERVICE RATES				
1. Annual Residential Solid Waste Diversion Incentive Rates Percentage ⁽¹⁾				
a. 5% Over Annual Diversion Goal	%	%		
b. 7% Over Annual Diversion Goal	%	%		
c. 9% Over Annual Diversion Goal	%	%		
d. 11+% Over Annual Diversion Goal	%	%		
2. Use of Proposed AFVs ⁽²⁾	% more or less than Collection	% more or less than Collection		
H. DISCOUNT				
	Percent Discount			
1. Multi-Service District Discount (applies to all service rates) ⁽³⁾	%			

⁽¹⁾ The proposed Residential Solid Waste diversion incentive rate percentage will be multiplied by the sum of the total amount paid to the proposer for MFD Solid Waste Collection Service, net of Bin Rental Rates, and the total amount paid to the proposer for MFD Recycling Service, net of Bin Rental Rates, to calculate the annual Residential Solid Waste diversion incentive payment.

⁽²⁾ The AFV rate represents the amount by which the MFD Solid Waste Collection Service Rates, excluding the Bin Rental Rates, as set forth in Section A above and the MFD Recycling Service Rates, excluding the Bin Rental Rates, as set forth in Section B. above, will be adjusted at the beginning of the first Agreement Year in the event the City accepts the AFV portion of the Proposer's Operating Plan.

⁽³⁾ The Multi-Service District Discount represents the percentage amount by which all service rates, set forth in Sections A–F of this Form N–2, will be decreased in the event the Proposer is awarded services in more than one Service District.

**FORM N-3
 COST PROPOSAL FOR YARD TRIMMINGS COLLECTION
 AND RESIDENTIAL STREET SWEEPING SERVICES**

The following cost proposal form is for Yard Trimmings Collection and Residential Street Sweeping Services. All service rates proposed on this form shall be fixed through June 30, 2003, and should reflect service requirements as specified in the appropriate Collection Services Agreement. Proposers may propose on any or all Service Districts, however, the City shall not award more than two Service Districts to any single Proposer.

	District A	District B	District C
A. BASE SERVICE RATES			
1. SFD On-Street Yard Trimmings Collection	\$ /Unit/Mo	\$ /Unit/Mo	\$ /Unit/Mo
2. Cart Yard Trimmings Collection	\$ /Cart/Mo	\$ /Cart/Mo	\$ /Cart/Mo
3. MFD On-Street Yard Trimmings Collection	\$ /Complex/Mo	\$ /Complex/Mo	\$ /Complex/Mo
4. Large Civic Collection & Pruning	\$ /Ton	\$ /Ton	\$ /Ton
5. Monthly Street Sweeping	\$ /Curb Mile/Mo	\$ /Curb Mile/Mo	\$ /Curb Mile/Mo
B. ADDITIONAL SERVICE RATES			
1. SFD Subscription On-Premise Cart Collection ⁽¹⁾	\$ /Cart/Mo	\$ /Cart/Mo	\$ /Cart/Mo
2. Cart Exchanges in Excess of Once per Year	\$ /Occurrence	\$ /Occurrence	\$ /Occurrence
3. Delivery of Home Composting Bins	\$ /Bin Delivered	\$ /Bin Delivered	\$ /Bin Delivered
4. Emergency Street Sweepings up to 4 hrs.	\$ /Sweeper	\$ /Sweeper	\$ /Sweeper
5. Emergency Street Sweepings over 4 hrs.	\$ /Sweeper/Hr	\$ /Sweeper/Hr	\$ /Sweeper/Hr
6. Posting & Removal of Temporary Signs for Modified Sweep.	\$ /Curb Mile	\$ /Curb Mile	\$ /Curb Mile
C. OPTIONAL SERVICE RATES			
1. Use of proposed AFVs for Yard Trimmings Collection ⁽²⁾	\$ more/less than A.1-3, above	\$ more/less than A.1-3, above	\$ more/less than A.1-3, above
2. Use of proposed AFVs for Street Sweeping ⁽²⁾	\$ more/less than A.5, above	\$ more/less than A.5, above	\$ more/less than A.5, above
3. Optional Street Sweeping (2 times per month) ⁽³⁾	\$ /Curb Mile/Mo	\$ /Curb Mile/Mo	\$ /Curb Mile/Mo
4. Optional Street Sweeping (weekly) ⁽³⁾	\$ /Curb Mile/Mo	\$ /Curb Mile/Mo	\$ /Curb Mile/Mo
D. DISCOUNT			
		Percent Discount	
1. Multi-District Discount (applies to all service rates) ⁽⁴⁾	%		

⁽¹⁾ This rate will be added to line A.2 of the Base Service Rate.

⁽²⁾ The AFV rate represents the amount by which the appropriate Base Service Rates, as set forth above in Section A, lines 1-3 of this Form N-3, will be adjusted at the beginning of the first Agreement Year in the event the City accepts the AFV portion of the Proposer's Operating Plan.

⁽³⁾ If selected by the City, this service and service rate will replace the Monthly Street Sweeping Service Rate as proposed on Line A.5 above. In calculating these rates, Proposers should consider that the Base Service monthly Curb Miles will be doubled if the CITY selects Optional service C.3 (2 times per month) and quadrupled if the CITY selects Optional service C.4 (weekly sweeping).

⁽⁴⁾ The Multi-Service District Discount represents the percentage amount by which all service rates in Section A, B. & C.3 or 4 of this Form N-3 will be decreased in the event the Proposer is awarded services in more than one Service District.

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FORM N-5
COST PROPOSAL FOR MULTIPLE SERVICE TYPE DISCOUNT

The following cost proposal form is to be utilized by the Proposer to provide the CITY with the percentage discount that will be applied to all services rates on Forms N1 through N3 in the event the Proposer is awarded more than one of the three service types, SFD Collection Services, MFD Collection Services or Yard Trimmings Collection and Residential Street Sweeping Services. Proposers may propose any percentage discount including 0% but must complete this form if they are proposing on more than one service type.

FORM N-5 MULTIPLE SERVICE TYPE DISCOUNT	
DISCOUNT	Percent Discount
Multi-Service Type Discount if awarded two (2) service types. (applies to all service rates) ⁽¹⁾	%
Multi-Service Type Discount if awarded three (3) service types. (applies to all service rates) ⁽¹⁾	%

⁽¹⁾ The Multi-Service Type Discount represents the percentage amount by which all service rates in Forms N-1, N-2, N-3 and N-4 will be decreased in the event the Proposer is awarded two (2) types of services or three (3) types of services. These percentage discounts are not cumulative.

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**FORM N-6
 SUPPLEMENTAL COST**

3 City requires that the Proposer provide additional cost information related to certain costs
 4 Proposer has included in its Service Rate structure for those Collection Services for which it has
 5 completed a Cost Proposal Form (Form N-1, N-2, N-3 or N-4).

6 **1. PUBLIC EDUCATION AND OUTREACH PROGRAM COST**

7 The Proposer's total annual public education and outreach program costs, including
 8 education during the transition period that has been included in the Service Rates proposed
 9 by the Proposer are _____. (Please specify for each Service District).

	Service District		
	A	B	C
SFD	\$	\$	\$
YT & RSS	\$	\$	\$
MFD	\$	\$	

10 **2. CUSTOMER SERVICE PROGRAM COST**

11 The Proposer's total annual customer service program costs, including customer services
 12 costs during the transition period that has been included in the Service Rates proposed by
 13 the Proposer are _____. (Please specify for each Service District).

	Service District		
	A	B	C
SFD	\$	\$	\$
YT & RSS	\$	\$	\$
MFD	\$	\$	

14 **3. TRANSITION PROGRAM COST**

15 The Contractor's total costs for transition services that have been included in the Service
 16 Rates proposed by the Proposer are _____. (Please specify for each Service District).

	Service District		
	A	B	C
SFD	\$	\$	\$
YT & RSS	\$	\$	\$
MFD	\$	\$	

1 **Form N-6 (Cont.)**

2 **4. PER TON RECYCLABLE MATERIALS PROCESSING FEE**

3 The Contractor's cost per ton for recyclables processing that has been included in the
4 Service Rates proposed by the Proposer by Service type and Service District is as set forth
5 below.

	Service District		
	A	B	C
SFD	\$	\$	\$
MFD	\$	\$	

6 **5. PER TON YARD TRIMMINGS PROCESSING FEE**

7 The Contractor's cost per ton for Yard Trimmings processing that has been included in the
8 Service Rates proposed by the Proposer by Service type and Service District is as set forth
9 below.

	Service District		
	A	B	C
YT & RSS	\$	\$	\$

10 **6. PER MILE COST TO TRANSPORT COST**

11 The Contractor's per mile cost to transport collected materials to the City's designated
12 Facility that has been included in the Service Rates proposed by the Proposer by Service
13 type and Service District is as set forth below.

	Service District		
	A	B	C
SFD	\$	\$	\$
YT & RSS	\$	\$	\$
MFD	\$	\$	

14