# Construction and Demolition Non-Exclusive Franchise Application Form

## Purpose and Intent

As a condition of operation within the West Valley Solid Waste Management Authority (Authority) service area, the Authority requires contractors providing C&D Debris Collection Services to obtain a non-exclusive franchise. This application is a prerequisite to obtaining a non-exclusive franchise and will be evaluated by the Authority as to the qualifications and capabilities of the applicant. To receive approval, applicants must demonstrate that they possess: 1)  the experience, reputation, and capacity required to provide C&D Debris collection services; 2) the necessary equipment to transport C&D Debris to the appropriate facilities; and, 3) the ability to meet the Authority’s diversion requirement.

## Application Preparation and Submittal Instructions

To apply for a non-exclusive franchise agreement to provide C&D Debris Collection Services to the Authority, applicants must complete and submit this application by email to the Authority at *wvswma@hfh-consultants.com**.* Applicants must also mail the application fee, accompanied by a letter that identifies the company being registered, the date the application was submitted, and the company business address. Please mail the letter and application fee to:

**West Valley Solid Waste Management Authority**

**1821 South Bascom Ave, #405,**

**Campbell, CA, 95008**

The Authority will not begin processing submitted applications until the application fee of $1,000 has been received. The application fee shall be in the form of a check or money order made payable to the West Valley Solid Waste Management Authority. The application fee covers the review and verification of the information submitted by the applicant and is nonrefundable in whole or in part.

The application consists of five (5) sections. Use the checklist provided below to ensure that your application is complete. If a question is not applicable, please indicate by inserting “N/A” in the space provided.

### Application Checklist

[ ]  Applicant Information: This section requires general information about the Applicant including but not limited to contact and business registration information.

[ ]  Qualification Information: This section assesses the applicant’s eligibility to provide services to the Authority. The Authority will contact applicant’s references, confirm business licenses, and review relevant litigation and regulatory history.

[ ]  Operations Information: This section requires information on how operations are managed and how the diversion requirement will be met.

Attachments: Please include the following attachments with your application. Each item below is required to be submitted, Applicant may include additional attachments and should list all attachments in the space provided.

[ ]  Signed Non-Exclusive Franchise Agreement. Two executed copies of the Authority’s standard non-exclusive franchise agreement shall be attached to the application.

[ ]  Copies of all required certificates of insurance (See Non-Exclusive Franchise Agreement Section 10.2).

[ ]  Three or more Municipal or Regulatory Agency references for applicants hauling services. See Section 3 Qualification Information for details.

[ ]  Three or more customer references for applicants hauling services. See Section 3 Qualification Information for details.

[ ]  Copies of Member Agency business license(s) in which business may be conducted in.

[ ]  Please list any additional attachments*:* Click or tap here to enter text.

### Applicant Information

Business Name: Click or tap here to enter text.

Form of business organization:

[ ]  Sole proprietorship

[ ]  Partnerships (includes limited, general, and limited liability partnerships)

[ ]  Corporation (includes limited liability companies)

[ ]  Other: Please specify Click or tap here to enter text.

Street Address: Click or tap here to enter text.City: Click or tap here to enter text. Zip: Click or tap here to enter text.

Contact Name: Click or tap here to enter text. Email: Click or tap here to enter text.

Contact Number: Click or tap here to enter text. Website: Click or tap here to enter text.

Names of Persons Doing Business under Fictitious Name (*If Applicable):* Click or tap here to enter text.

Names of Members of Partnership, Ventures, and LLCs (*If Applicable):* Click or tap here to enter text.

Names of Officers of Corporation or Association (*If Applicable):* Click or tap here to enter text.

*If approved, this information will be placed on the Approved C&D Debris Collection Services Provider list. Please write the business name as you would like the public to see it. Name, Address, Phone Number, Website.*

Click or tap here to enter text.

### Qualification Information

1. **Municipal or Regulatory Agency References.** Please provide three (3) or more Municipal or Regulatory Agency references. Each reference shall include a name, title, agency/company, email, and phone number. If the Authority cannot successfully complete reference checks with at least three (3) references, including if the provided reference is non-responsive, the application may be denied without further consideration.

Click or tap here to enter text.

1. **Customer References. Please provide three (3) or more Customer References**. Each reference shall include a name, title, agency/company, email, and phone number. If the Authority cannot successfully complete reference checks with at least three (3) references, including if the provided reference is non-responsive, the application may be denied without further consideration.

Click or tap here to enter text.

1. **Litigation, Regulatory Actions, and Liquidated Damages**. If necessary, this section can be submitted as an attachment. Attachments must be listed in the Application Checklist.
2. Litigation and Regulatory Actions. Describe past and pending civil, legal, regulatory, and criminal actions (including arrests, indictments, litigation, grand jury investigations, etc.) now pending or that have occurred in the past five (5) years against the Applicant, its parent company, key personnel, and all subsidiaries owned by the Applicant, including proposed subcontractors.

Click or tap here to enter text.

1. Payment of Fines, Penalties, Settlements, or Damages. Provide a statement disclosing any and all fines, penalties (including liquidated damages or administrative fees), settlements, or liquidated damages of any kind paid by proposer, its parent company, subsidiaries, and any proposed subcontractors, to any public agencies in the past five (5) years. This shall include any penalties, fee payments, settlements, or any other form of consideration related to the proposer’s failure to achieve diversion requirements or any other stated performance standard of a contract with a public agency. For each payment, list the amount the company has paid, the name of the jurisdiction to which damages were paid, and the event(s) that triggered the damages. Identify personnel and/or policy changes the company made in response to such incidents (e.g., terminated or reassigned employees involved, new process protocols).

Click or tap here to enter text.

1. **Business License(s).** Please check all that apply and use this list to include copies of business licenses currently held with Authority Member Agencies. If business will be conducted within a Member Agency where a business license in not currently held, you must obtain one before starting work in that service area.

[ ]  City of Campbell

[ ]  City of Monte Sereno

[ ]  City of Saratoga

[ ]  Town of Los Gatos

1. **Proof of Insurance.** Attach proof of insurance as specified in Section 10.2 of the Authority’s standard Non-Exclusive Franchise Agreement and specify type of insurance below.
2. General Liability: $2,000,000 each occurrence for bodily injury and property damage; $1,000,000 for personal and advertising injury; $2,000,000 products and completed operations aggregate, and $2,000,000 general aggregate. If Commercial General Liability insurance or other form with a general aggregate liability is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
3. Automobile Liability: $1,000,000 per accident for bodily injury and property damage.
4. Workers’ Compensation: Workers’ compensation limits as required by the Labor Code of the State of California.
5. Employer’s Liability: $1,000,000 each accident for bodily injury.

 $1,000,000 disease each employee.

 $1,000,000 disease policy limit.

### Operations Information

1. **Physical Equipment Storage Location.** List address(es) of all locations at which applicant parks rolling stock, stores and maintains or otherwise keeps equipment used in the business.

Full Business Address: Click or tap here to enter text.

Contact Person: Click or tap here to enter text. Email: Click or tap here to enter text. Contact Number: Click or tap here to enter text.

1. **Customer Service Center Location.** List address of location at which applicant conducts customer service, number of customer service representatives currently staffing, and hours of operation.

Full Business Address: Click or tap here to enter text.

Contact Person: Click or tap here to enter text. Email: Click or tap here to enter text. Contact Number: Click or tap here to enter text.

Number of Customer Service Staff: Click or tap here to enter text. Hours of Operation: Click or tap here to enter text.

1. **Estimated Number of Containers.** Identify the containers reasonably expected to be used to provide service through the term of the non-exclusive franchise agreement.

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| --- | --- | --- | --- | --- |
| Type | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Count | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Size | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Education and Diversion Plan.** Please provide description of how the applicant will conduct education to inform Customers of acceptable materials, perform onsite management of materials to achieve 65% diversion, use Authority Certified Mixed or Single-Source C&D Processing Facilities, monitor and track projects, and report on projects by responding to the following discussion points.
2. Please explain how the applicant will provide consultation and education at the design phase to encourage proper sorting of C&D Debris into Containers to assist the Customer with achieving Diversion targets. This includes helping the Customer determine non-C&D debris.

Click or tap here to enter text.

1. Please explain how the applicant will advise source separation or mixed processing of C&D Debris.

Click or tap here to enter text.

1. Please explain how the applicant will assess materials and determine appropriate facilities for achieving the 65% diversion requirement.

Click or tap here to enter text.

1. Please describe how diversion will be tracked and reported using Waste Management Plans, weight tickets, and other methods if relevant.

Click or tap here to enter text.

### Terms and Conditions Acknowledgement

The applicant hereby acknowledges and agrees to the following Terms and Conditions:

1. All terms and conditions specified in the Non-Exclusive Franchise Agreement will be adhered to.
2. Any violation of Authority standards will result in the Authority revoking its approval to haul C&D Debris generated in the Authority’s Service Area and delivered to the facility.
3. A $1,000.00 non-refundable registration or re-registration fee, and any other fees that it may incur as a result of violations and corrective action measures imposed by the Authority.

By signing this application, the signatory certifies possession of the authority to agree to the terms and conditions of the application on behalf of the applicant and does hereby bind applicant to the terms and conditions of the application as included herein. The signatory further certifies that the information provided in the application is true and complete.

Date Signed: 11/8/2023

Signatory Name: Click or tap here to enter text. Signatory Title: Click or tap here to enter text.

Signatory Email: Click or tap here to enter text. Signatory Phone Number: Click or tap here to enter text.