

CONTRACT SERVICES REQUEST

CalRecycle 23 (Rev. 11/10)

This form is to be used to request services for a contract that is exempt from competitive bidding or whose contractor was selected through a competitive process. Use Form 23A to request services for a contract that must be competitively bid.

Information must be entered as applicable where grey fields appear in document. To use check boxes, double click on grey box and enter a "default value".

I. Contract Information

A. Project Title Use of Reclaimed Asphalt Pavement in Rubberized Asphalt Concrete and Rubberized Chip Seal
Has CalRecycle contracted for these services before? [] Yes [X] No
If yes, list previous Contractor Name and Contract # Name: Contract #:

B. Agreement Term: Start Date: 05/17/11 End Date: 05/15/13 Duration (months): 24

C. Contact Information:
Contractor's Name: Los Angeles County
Contractor's Address: Construction Division, 8th Floor, P.O. Box 1460, Alhambra, CA. 91802-1460
Contractor's Headquarters Address (Required to establish authority for reimbursement of per diem expenses): 900 S. Fremont Ave, Alhambra, CA 98103
Contractor's Project Manager: Erik Updyke Phone: (626) 458-4914 E-mail: EUPDYKE@dpw.lacounty.gov
Contractor's Contract Analyst: Phone: E-mail:
Authorized Signor Name: Bill Winter Authorized Signor's Title: Deputy Director
Contractor's Tax Payer ID: [Required unless Govt. Entity, Federal, State, or Local (including school districts)]

II. Allocation Type: [] Operational/Mandated [] Direct Implementation [X] 5 Year Plan (Tire) [] Legislative Appropriation
[] Discretionary (Director Approved) [] Federal Grant [] BCP Funding [] Other

III. Approval Dates/ Allocation Number 7/1/09

[] N/A (enter reason-Emerg./H&S/Training/Conference/IT/Extension Only/Other) Reason:

NOTE: Is Director Delegation Authority Required? [] Yes [X] No

If Yes: [] Scope of Work/Contractor Name Has Been Routed to Director by Email. Upon Approval, E-mail Will Be Forwarded to the BAO Contracts Inbox.
[] Director's Approval is Attached.

IV. Agreement Type -Check all that apply (Except for Interagency Agreements, GC 19130 (a)(b) justification must be attached)

[] Interagency Agreement (IA) [X] Standard Agreement (all contracts other than IAs) [] NCB (Send Justification electronically)
[] Revenue Agreement [] Reimbursement Agreement [] MOU
[] Contract Amendment (If checked, please fill out information to the right and below) Original Contract # Amendment #
[] Service Order

Amendment Information

Reason for Amendment:
[] Add Funds \$ [] Extend Term To
[] Terminate Agreement [] Modify Scope
[] Other (Explain)

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V. Funding Information *List all funding for agreement and any amendments*

Fund Title	Item	Index/PCA/Object	Amount	Fiscal Year	Term not to Exceed
Tire	3500-001-0133	7730/T5100/418	\$270,000	10/11	6/30/13
	3500-	/	\$		
	3500-	/	\$		
	3500-	/	\$		
	3500-	/	\$		
	3500-	/	\$		
	3500-	/	\$		
Agency Billing Code		/			

Original or Current Contract Amount \$270,000 Amendment Amount \$ New Total Contract Amount _____

Source Code (Revenue Contracts Only) _____

Payment Terms: *(More than one may apply.)*

- Itemized Invoice
 Monthly Flat Rate
 Progress Payment
 Quarterly
 Withhold Amount of 10 % (required for most non-IA contracts)
- One-Time Payment
 Advanced Payment not to exceed _____ (justification for advanced payment is required for non-IAs)

VI. Contract Manager Information Name Nate Gauff Program/Division MMLA Ext. 6686

VII. Approvals and Attachments

Electronic Attachments		
<i>The following attachments (when required) must be submitted electronically with Form 23 and sent to the shared BAO Contracts inbox.</i>		
<input checked="" type="checkbox"/> SOW <i>Word Version on CalRecycle's SOW Template</i>	<input checked="" type="checkbox"/> GC 19130 Justification <i>Scanned PDF or Word Version</i>	<input checked="" type="checkbox"/> Budget <i>Word or Excel Version</i>
	<input type="checkbox"/> Delegation Authority Approval <i>E-mail or Scanned PDF Version</i>	<input type="checkbox"/> NCB Justification <i>Word Version</i>

Division Liaison's Signature _____ D
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Program Director (required for MMLA and WCMP) or Deputy Director's Signature _____ D
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Contract Action Only	Date Received _____	Analyst Review/Approval _____	Contract Number _____
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Instructions for completing the CalRecycle 23 are available from the Forms and Publications webpage at <http://home.calrecycle.net/Pages/default.aspx>