

**SACRAMENTO REGIONAL SOLID WASTE AUTHORITY  
“CASH FOR TRASH” DISPOSAL REBATE PROGRAM**

**SCOPE OF SERVICES**

The Sacramento Regional Solid Waste Authority’s (AUTHORITY) “Cash For Trash” Disposal Rebate Program will encourage cleanup efforts in Property Business Improvement District (PBID) commercial areas. Under the program, the AUTHORITY will reimburse registered PBIDs with disposal costs associated with the collection of illegally dumped materials within the AUTHORITY region defined as the jurisdictional boundaries of the City of Sacramento and the unincorporated areas of the County of Sacramento. The collection efforts must be administered and managed by a registered PBID within the AUTHORITY region, and materials must be delivered only to facilities located within the AUTHORITY region. The program parameters include:

- The AUTHORITY shall only provide reimbursement for illegally dumped material collected by a registered PBID within that PBID’s service area on a monthly basis.
- The reimbursement applies only to disposal costs, at the rate of:
  - \$30 per ton south of the American River -- based on the gate fee at Kiefer Landfill; or
  - \$48 per ton north of the American River -- based on the gate fee at NARS; or
  - \$25 maximum for non-weighted flat fee loads (north & south of American River). Example: \$25 of a \$35 truck load rate, bulky items, etc.
- PBIDs shall be responsible for the full payment of all disposal costs charged by the facility utilized at the time of disposal.
- To receive reimbursement from the AUTHORITY, the PBID must provide all information requested by the AUTHORITY in a manner prescribed by the AUTHORITY. This includes submittal of the Cash for Trash Rebate Program Reimbursement Request Form, attached hereto and incorporated herein. All information provided on the reimbursement request form must be accurate and complete.
- For each reimbursement request to the AUTHORITY, the PBID shall provide digital pictures of the dumped material prior to servicing and that same material at the disposal facility site.

**REBATE PROGRAM LIMITS**

- The reimbursement amount may be proportionally distributed to each participating PBID in any month if the budgetary allocation does not provide enough funding for the total number of reimbursements claimed.
- The program may be terminated by the AUTHORITY when total annual reimbursement amount reaches the total annual budgetary allocation by the AUTHORITY for this program.
- Areas served by the “Adopt-A-Highway” or “Adopt-A-Road” programs are not eligible for reimbursement under the program.

**FINANCIAL ARRANGEMENT**

- A. The budget for this program shall be on an annual fiscal year basis and shall coincide with the AUTHORITY budget cycle from July 1 to June 30.
- B. The number of rebates is dependent upon the availability of program funds. The AUTHORITY Board of Directors allocated \$100,000 toward this program for Fiscal Year 2018-19. Funding for optional renewal years shall be determined during the budget process for each respective year.
- C. PBID shall prepare and submit monthly a completed reimbursement request form by the 15<sup>th</sup> day of the month following the end of each month. Each completed reimbursement request form shall summarize

the disposal costs incurred during that month. The amount billed for any fiscal year shall not exceed the amounts determined during the budget process for each respective year.

- D. AUTHORITY shall reimburse PBID only for actual expenses incurred in the performance of this Agreement. AUTHORITY shall not reimburse PBID for services not yet performed.
- E. PBID is solely responsible for payment to all its vendors, suppliers, and subcontractors used in the performance of this Agreement and such third parties shall have no right, nor make any claim, to payment from AUTHORITY with respect thereto.

### **SUBMISSION OF REIMBURSEMENT REQUESTS**

PBID shall address and submit all reimbursement requests associated with this Agreement by U.S. mail or personal delivery to the following address:

Sacramento Regional Solid Waste Authority  
Department of Waste Management and Recycling  
9850 Goethe Road  
Sacramento, CA 95827  
Attn: Chris Lehon

PBID shall include the following information on all requests:

1. Contract Number: 9XXXX
2. Project Name: "Cash for Trash" Disposal Rebate Program
3. Date of Reimbursement Request Submission
4. Time Period Request Covers
5. Services Provided and Respective Compensation Requested
6. Any other information deemed necessary by PBID and/or AUTHORITY.

AUTHORITY may change the address to which subsequent reimbursement requests shall be sent by giving written notice designating a change of address to PBID, which shall be effective upon receipt.

### **PAYMENTS**

In accordance with the Compensation and Reimbursement Payment Limitations provision of this Agreement, AUTHORITY shall address and submit payments to PBID at the following address:

PBID Name  
[Street Address]  
Sacramento, CA 9XXXX  
Attn: Name, Executive Director

PBID may change the address to which subsequent payments shall be sent by giving written notice designating a change of address to AUTHORITY, which shall be effective upon receipt.

**CASH FOR TRASH REBATE PROGRAM REIMBURSEMENT REQUEST FORM**

Complete this application and review the attached terms and conditions associated with the Cash for Trash program. Submit completed Reimbursement Request Form and supporting documents to email address: [SWAinfo@SacCounty.net](mailto:SWAinfo@SacCounty.net).

SECTION A: APPLICANT INFORMATION	
Organization Name:	
Contact Person:	
Address:	City: Zip:
Phone Number:	Email:

SECTION B: MATERIALS COLLECTED	
<b>Application Date</b>	
<b>Location of Illegal Dumped Material</b> (List address of service, or range of address; i.e. Between 300 and 450 of Daly Avenue)  <i>Attach additional list if necessary</i>	
<b>Disposal Site(s) Used</b>  <i>Attach additional list if necessary</i>	
<b>Date(s) of Drop-off at Disposal Site</b>  <i>Attach additional list if necessary</i>	
<b>Tons Disposed</b> (tons of material or per vehicle cost)  <i>Attach additional list if necessary</i>	
<b>Weight ticket numbers</b> (include copies)  <i>Attach additional list if necessary</i>	
<b>Amount Paid</b> (include proof of payment)	

**SECTION C: TO QUALIFY FOR A REBATE, THE APPLICANT MUST:**

- Submit a completed **Reimbursement Request Form** and **supporting documentation** in accordance with the terms and conditions of the rebate program.
- Maintain **digital pictures of material** at the site of dumping **and** after material is removed.
- Participate in a visit with an AUTHORITY representative if necessary.

**Program Notes:**

1. Rebates shall not be issued for any material collected prior to the effective date of this Agreement.
2. Rebates are limited to qualifying PBID located within Unincorporated Sacramento County and the City of Sacramento.
3. The program is subject to available funding from the AUTHORITY. Rebates are distributed on a first-come, first-served basis and subject to budgetary limits. Submission of a Reimbursement Request Form does not guarantee a rebate.
4. Loads must be covered to prevent littering on streets and highways
5. The AUTHORITY only enforces the terms and conditions of the Cash for Trash program. The applicant is solely responsible for complying with any and all laws, regulations, policies, conditions, covenants and restrictions that may apply and for any and all liabilities arising for activities undertaken by the applicant not performed by AUTHORITY pursuant to the agreement. Rebates paid under the program may be considered taxable income, and tax consequences arising out of the receipt of a rebate are the exclusive responsibility of the applicant.

**Return to:** [SWAInfo@SacCounty.net](mailto:SWAInfo@SacCounty.net)

**I hereby certify that all information provided in this reimbursement request form and any attachment are true and correct to the best of my knowledge. I further certify that I have been authorized by \_\_\_\_\_ to submit this reimbursement request form on its behalf.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Approved  Disapproved  
Remarks:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Name and Title)