

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

**Date:** September 26, 2024

**To:** TJ Knight, Assistant Executive Officer  
Board of Public Works

**From:** BPW-Office of Accounting  
For – Bureau of Sanitation

**Re:** Authority for Expenditure Number: AE 25760977M \$685,440.00

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 contact the following person for pick-up.

**OOA**

**Attn: Jefferson Eligio**

Email: jefferson.eligio@lacity.org or (213) 978-0915

Room 924, City Hall

For additional information on this AE if needed, please call DEBORAH PEOPLES (213) 485-2696



AUTHORITY FOR EXPENDITURE

Dept. PW - LA Sanitation & Environment

DOC CODE <b>GAEAE</b>	DOC DEPT. CD. <b>50</b>	DOCUMENT ID.			DOC. DATE M M D D Y Y <b>07/01/24</b>	ACCTG. PERIOD P P Y Y	BUDGET F.Y. Y Y <b>25</b>
		TYPE <b>AE</b>	F.Y. <b>25</b>	AUTHORITY NO. <b>760977M</b>			

ACTION <input checked="" type="checkbox"/> ORIG. ENTRY (E) <input type="checkbox"/> ADJUSTMENT (M)	EVENT TYPE <b>PRAE</b>	VENDOR CODE <b>100002610</b>	SS OR IRS ID NO.	COMMENTS OR BTRC NO. <b>0002406447</b>	DOCUMENT TOTAL <b>\$ 685,440.00</b>
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TO: (NAME AND ADDRESS) <b>STATE WATER RESOURCES CONTROL BOARD (SWRCB)/FEES - ACCOUNTING OFFICE P.O. BOX 1888 SACRAMENTO, CA 95812-1888 (916) 341-5247</b>	PLEASE FURNISH TO THE CITY OF LOS ANGELES, CARE OF (GIVE ADDRESS) <b>DONALD C. TILLMAN WATER RECLAMATION PLANT 6100 WOODLEY AVENUE VAN NUYS, CA 91406  WILL CALL: DAWN JIMENEZ (818) 778-4245</b>
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LINE NO.	FUND	DEPT.	APPR. UNIT	OBJECT	DOBJ	DESCRIPTION	AMOUNT	I/D				
01	760	50	50AX82		60230	WASTE DISCHARGE FEE	\$ 685,440.00					
QUANTITY		I/D	U.O.M.	UNIT	M PROJ	PROJECT	ACTIVITY	WORK ORDER	TASK	S/TASK	CHANGE ORDER	FUNCTION
				82012000				S10FPURC	TTT	TTT		

LINE NO.	FUND	DEPT.	APPR. UNIT	OBJECT	DOBJ	DESCRIPTION	AMOUNT	I/D				
02						WASTE DISCHARGE FEE						
QUANTITY		I/D	U.O.M.	UNIT	M PROJ	PROJECT	ACTIVITY	WORK ORDER	TASK	S/TASK	CHANGE ORDER	FUNCTION
								S10FPURC				

FOR:

This authority for expenditure will encumber Sewer Construction and Maintenance (SCMO) funds to pay for the annual NPDES and Storm Water fees as required by the State of California - State Water Resources Control Board - A State regulatory agency (Per California Water Code Section 13260). These annual fees are required in order to discharge the processed wastewater produced by the Donald C. Tillman Reclamation Plant, within Council District 6.

This authority is requested for the period covering July 1, 2024 through June 30, 2025. There is no impact to the General Fund. Funds are being encumbered in advance of invoice receipt to ensure timely payment.

*Ronald Mayuyu* 07/08/24  
 Ronald Mayuyu, Division Manager

TO THE OFFICE OF THE CONTROLLER:	ORIGINAL/ADJUSTED AUTH. TOTAL <b>\$ 685,440.00</b>
PURSUANT TO PROVISIONS OF THE CITY CHARTER AND TO THE ANNUAL DEPARTMENTAL BUDGET APPROPRIATIONS OR OF APPROPRIATIONS MADE SUBSEQUENT TO THE BUDGET. THIS IS AUTHORITY TO ISSUE A DEMAND ON THE FUND AND DEPARTMENT DESCRIBED ABOVE.	<b>OOA RECEIVED 9.19.2024</b>
CONTRACT OR OFFER NO. (STRIKE OUT ONE)	
<i>Deborah Peoples</i> 8/7/24 Commissioner 1	Date
<i>Barbara Romero</i> Barbara Romero, Director	DATE 8/13/24
<i>CBordador</i> Miguel De La Pena, Director	DATE 09.24.24
Commissioner 2	DATE
CITY ATTORNEY APPROVAL OF AFE OVER \$25,000 <i>Adena Hopenstand</i> Adena Hopenstand, Deputy City Attorney	DATE 9-18-2024

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 FORWARDED 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.

# 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: <u>PW/LASAN</u>		Contract Administrator: <u>Rob Tabora</u>		Contact Phone: <u>818-778-4160</u> MS# <u>488</u>	
CONTRACT INFO					
Contractor Name: <u>State Water Resources Control Board</u>			Contract # <u>AE25760977A</u>		
Project/Contract Name: <u>SWRCB Fee</u>		Purpose of Contract: <u>SWRCB Fees</u>			
Contract Amount: <u>\$685,440.00</u>		Term: Start Date <u>07 /01 /24</u>	End Date <u>06 /30 /25</u>		
SECTION I:					
DETERMINING APPLICABILITY TO LWO					
1	Check off <b>ONE</b> box that best describes the contract, then Continue to #2: This is a <input checked="" type="checkbox"/> New Contract <input type="checkbox"/> Contract Amendment				
2	If you checked off "New Contract" above, <b>SKIP TO Question #5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	b Was the original contract approved for an exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please note what type of exemption it received: _____		
4	If you checked off YES to 3a OR 3b, <b>THIS FORM IS NOW COMPLETE – PLEASE SUBMIT PAGE 1 ONLY TO OCC.</b> If you checked off NO to 3a AND 3b, <b>Continue to #5</b> to determine whether this Contract Amendment is subject to the LWO.				
5	Check off <b>ONE</b> box in Parts A, B, C or D below that best describes the contract, then <b>Continue to #6</b> :				
These are contracts NOT SUBJECT, NOT APPLICABLE to LWO:			These contracts <b>MAY</b> or <b>MAY NOT</b> BE SUBJECT, or <b>MAY</b> or <b>MAY NOT</b> BE APPLICABLE to LWO:		
PART A		PART B	PART C	PART D	
<input type="checkbox"/>	Service contract that is less than 3 months <b>OR</b> \$25,000 or less <sup>1</sup>	<input type="checkbox"/>	Service contract that is at least 3 months <b>AND</b> over \$25,000.	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Other governmental entity <sup>2</sup>			<input type="checkbox"/>	
<input type="checkbox"/>	Purchase or rental of goods, equipment, property <sup>3</sup>			<input type="checkbox"/>	
<input type="checkbox"/>	Construction contract <sup>4</sup>			<input type="checkbox"/>	
<input type="checkbox"/>	Funded by Business Improvement District (BID) assessment money <sup>5</sup>			<input type="checkbox"/>	
<input type="checkbox"/>	Financial assistance is below both LWO CFAR thresholds: <sup>6</sup> (a) Financial assistance must be less than \$1 Million in a 12-month period <b>AND</b> (b) Is less than \$100,000 if on a continuing basis (such as a loan at a rate lower than the Applicable Federal Rate).			<input type="checkbox"/>	
6	If you checked off any box in Part A - <b>THIS FORM IS NOW COMPLETE – PLEASE SUBMIT PAGE 1 ONLY TO OCC.</b>				
7	If you checked off a box in Part B or C, <b>SKIP TO #9.</b>				
8	If you checked off the box in Part D, <b>SKIP TO #13.</b>				
9	If you have a service contract, answer questions a, c and d ONLY, then <b>Continue to #10.</b> If you have a public lease/license, answer questions b, c and d ONLY, then <b>Continue to #10.</b>			YES	NO
	a Are some of the services rendered by employees whose work site is on property owned by the City?	<input type="checkbox"/>		<input type="checkbox"/>	
	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)?	<input type="checkbox"/>		<input type="checkbox"/>	
	c Could the services feasibly be performed by City employees if the awarding authority had the requisite financial and staffing resources?	<input type="checkbox"/>		<input type="checkbox"/>	
	d Has the DAA determined in writing that coverage would further the proprietary interests of the City?	<input type="checkbox"/>		<input type="checkbox"/>	
10	If you checked off <b>ANY</b> boxes in the YES column, this contract is <b>APPLICABLE TO THE LWO</b> (it is <b>SUBJECT</b> ). <b>Continue onto SECTION II.</b> Otherwise, continue to #11.				
11	You <b>DID NOT</b> check off <b>ANY</b> boxes in the YES column. This contract is <b>NOT APPLICABLE TO THE LWO</b> (it is <b>NOT SUBJECT</b> ). <b>Fill and submit LW-10, OCC Exemption Application for approval prior to contract execution found here: <a href="http://bca.lacity.org/index.cfm?next=ee&amp;next_body=div_occ_lwo_forms.cfm">http://bca.lacity.org/index.cfm?next=ee&amp;next_body=div_occ_lwo_forms.cfm</a>, then Continue to #12.</b>				
12	Has the exemption been approved? If YES, <b>THIS FORM IS NOW COMPLETE – Once the contract has been executed, SUBMIT LW-1, Page 1 ONLY and the APPROVED EXEMPTION FORM TO OCC.</b> If NO, <b>Continue onto SECTION IV.</b>				
13	Answer the following question to determine whether the CFAR is subject to the LWO, then <b>Continue to #14.</b>			YES	NO
	a Does the agreement intend to promote economic development?	<input type="checkbox"/>		<input type="checkbox"/>	
14	If you checked off NO this contract is <b>NOT APPLICABLE TO THE LWO</b> (it is <b>NOT SUBJECT</b> ). <b>PLEASE SUBMIT PAGE 1 ONLY TO OCC.</b> Otherwise, <b>Continue to Question #15.</b>				
15	Answer the following questions to determine whether the CFAR is subject to the LWO:			YES	NO
	a Is the Financial Assistance given in a 12-month period and above \$1 Million?	<input type="checkbox"/>		<input type="checkbox"/>	
	b Is the Financial Assistance \$100,000 or more on a continuing basis?	<input type="checkbox"/>		<input type="checkbox"/>	
16	If you checked off <b>ANY</b> boxes in the YES column, this contract is <b>APPLICABLE TO THE LWO</b> (it is <b>SUBJECT</b> ). <b>Continue onto SECTION II.</b> Otherwise, this contract is <b>NOT APPLICABLE TO THE LWO</b> (it is <b>NOT SUBJECT</b> ). <b>PLEASE SUBMIT PAGE 1 ONLY TO OCC.</b>				



# CITY OF LOS ANGELES Office of Finance - LATAX Report

**ACCOUNT NUMBER**

0002406447

**LEGAL NAME**

CALIFORNIA STATE WATER RESOURCES CONTROL BOARD

**TAX STATUS**

CLEAR

LOCATION	DBA NAME	LOCATION ADDRESS	STARTED AT LOCATION	END DATE	IN CITY	COUNCIL	EMP ZONE
0001		1001 I ST FL 18TH SACRAMENTO CA 95814 2828	01/30/2009		N	Where no zone is applicable	None
<b>FCC</b>	<b>DESCRIPTION</b>						
L049	Professions / Occupations						
	<b>START OF ACTIVITY</b>						
	01/30/2009						

Back

New Search



# Vendor/Customer ♡

Edit

Cancel

Vendor/Customer: 100002610 | Legal Name: STATE WATER RESOURCES CONTROL BOARD | Alias/DBA: -

Vendor/Customer	Address (33)	Business Type	Service Area
Commodity			



Add New Address

Grid Actions ∨



1 - 20 of 33 Records

View per Page - 20 50 100 500

Page 1 of 2

Address ID	Address Type	Street 1	Street 2
01	Payment	REDEVELOPMENT PROGRAM	BOX 944212
01	Ordering	REDEVELOPMENT PROGRAM	BOX 944212
03	Payment	OFFICE OF THE ATTORNEY GENERAL	PO BOX 944255
03	Ordering	OFFICE OF THE ATTORNEY GENERAL	PO BOX 944255
04	Payment	PO BOX 100	-
04	Ordering	PO BOX 100	-
05	Payment	SWRCB ACCOUNTING	PO BOX 1888

Activation Code

Please enter the activation password provided to you by the City of Los Angeles

Confirm Verification

VSS Registered

No

Send Activation Code

Activation Email Address

Requestor Name

No

-

-

Requestor Phone Number

Activation Code

Confirm Activation Code

-

Create Certification Transaction

No

Miscellaneous Account

Internal Account

Inventory Customer

No

No

No

Healthcare Provider

No

PunchOut Enabled

Re-PunchOut Enabled

Electronic Order Enabled

No

No

No

Prevent Transmission of Mod PO

EDI Enabled

Supplier Shared Secret

No

No

Accepts Credit Cards

No

[▶ Show More](#)

▼ Headquarters

Headquarters Account

Yes

Headquarters Account Code

100002610

Headquarters Account Legal Name

STATE WATER RESOURCES CONTROL BOARD

[▶ Show More](#)

▼ Tax Information

Organization Type

Company

1099 Classification

Not Applicable

Taxpayer ID Number



Taxpayer ID Number Type

EIN

Detailed TIN Type

-

1099 Reportable

No

W-9 Received

No

W-9 Received Date

-

Tax Profile

-

Tax Profile Name

-

Permanent Staffed Office in State

No

1042-S Recipient Account Number

-

1042-S Reportable

No

1042-S Ch. 3 Recipient Code

-

1042-S Ch. 4 Status Code

-

IRS Country of Residence

-

IRS Country Sub Code

-

Foreign Tax ID

-

GIIN

-

W-8 Form

-

W-8 Received

No

W-8 Received Date

-

Business Tax Number

0002406447

Business Tax Compliant

Yes

Business Tax Active

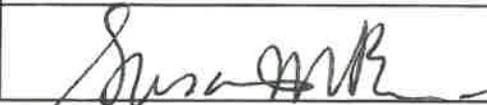
Yes

[▲ Show Less](#)

▼ Additional Information

# Sanitation

## Commissioner Briefing Form

Authority Number/ LOA Subject Title	AE25760977M  WASTE DISCHARGE FEE
Division	820012000
Div Briefing Contact Name	Rob Tabora (818) 778-4160
Vendor	State Water Resources Control Board
Service Description (list complete description below)	This authority for expenditure will encumber Sewer Construction and Maintenance funds to pay for the annual NPDES and StormWater fees as required by the State of California - State Water Resources Control Board - A state regulatory agency per California Water Code Section 13260. These annual fees are required in order to discharge to processed wastewater produced by the Donald C. Tillman Reclamation Plant, within Council District 6.  Duration of funding: <b>July 01, 2024 to June 30, 2025</b> Estimated Amount: <b>\$685,440.00</b>
Director Approval/Date	AUGUST 13, 2024
Date of Briefing	AUGUST 20, 2024
Time of Briefing	11:00 A.M.
Commissioner Name	SUSANA REYES
Commissioner 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

AE must be approved by Director prior to Commissioner Briefing