


URBANA SCHOOL DISTRICT # 116  
BUSINESS OFFICE MEMO

TO: Dr. Donald D. Owen, Superintendent  
FROM: Carol Baker  
Chief Financial Officer   
DATE: April 7, 2014  
RE: Sanitary Hauling Contract Extension for 2014-15

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The original contract period for the sanitary hauling with Allied Waste Services expires May 31, 2013. Allied Waste Services has one more one year extensions available on their contract.

It is my recommendation that the board accept this 1<sup>st</sup> year extension for sanitary hauling from Allied Waste Services. I have attached a copy of the rates for the 2014-15 school year.

## CONTRACT FOR SANITARY HAULING & RECYCLING

I/We hereby propose to provide sanitary hauling and/or recycling services for Urbana School District #116 in accordance with specifications submitted by the Board of Education for the following items:

		Option 1 2013-14	Option 2 2014-15
<b>SECTION I: Summer(s)</b>	<b>2012-13</b>		
Sanitary Hauling Monthly Rate:	\$1661.68	\$1711.53	\$1745.76
<b>SECTION II: School year(s)</b>			
Sanitary Hauling Monthly Rate:	\$3302.00	\$3401.06	\$3469.08
30 yard Compactor Monthly Rental	\$ 470.00/load \$ -0-	\$ 484.10/load \$ -0-	\$ 493.78/load \$ -0-
<b>SECTION III: Summer(s)</b>			
Recycling Monthly Rate:	\$ 130.00	\$ 133.90	\$ 136.58
<b>SECTION IV: School Year(s)</b>			
Recycling Monthly Rate	\$ 458.00	\$ 471.74	\$ 481.17

**SECTION V:**

Daily rate to add an extra pick up or decrease the frequency of pick up based upon building needs of the District:

Sanitary Hauling	<u>\$2.46/yard</u>	<u>\$2.46/yard</u>
	School Year	Summer
 Recycling	 <u>\$1.82/yard</u>	 <u>\$1.82/yard</u>
	School Year	Summer

Number of trucks maintained by bidder: 26

Number of trucks regularly assigned to routes by bidder: 23

Urbana School District # 116  
 NAME OF COMPANY  
Carol B Baker  
 SIGNATURE OF AUTHORIZED AGENT

205 N. Race Street  
 STREET ADDRESS  
Urbana, IL 61801  
 CITY STATE ZIP

(217) 384-3642  
 PHONE NO. DATE

\_\_\_\_\_  
 NAME OF COMPANY  
 \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED AGENT

\_\_\_\_\_  
 STREET ADDRESS  
 \_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 PHONE NO. DATE