

RESOLUTION NO. .

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

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**RESOLUTION AUTHORIZING AN AGREEMENT WITH STERICYCLE INC. TO
PROVIDE MEDICAL WASTE DISPOSAL, FOR TERM OF JUNE 1, 2017 THROUGH
MAY 31, 2020, TO AN AMOUNT NOT TO EXCEED \$400,000**

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, San Mateo Medical Center (SMMC) has been contracting with Stericycle Inc. (Stericycle) to provide transportation, treatment, and disposal of medical waste since 2009; and

WHEREAS, in November 2016, SMMC completed a Request for Proposals for transportation, treatment, and disposal of medical waste; and

WHEREAS, specifically, Stericycle offers a Sharps Management Program that features reusable containers thereby reducing the impact of medical waste disposal by thirty percent; and

WHEREAS, Stericycle also offers characterization and collection of Rx waste ensuring that SMMC complies with the Resource Conservation and Recovery Act; and

WHEREAS, both parties wish to enter into an agreement whereby Stericycle will provide medical waste disposal for the term of June 1, 2017 through May 31, 2020, for an amount not to exceed \$400,000; and

WHEREAS, this Board has examined this agreement and has approved it as to form and content.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President of this Board of Supervisors be and is hereby authorized and directed to execute said agreement for and on behalf of the County of San Mateo, and the Clerk of the Board shall attest the President's signature thereto.

BE IT FURTHER RESOLVED that the Chief of the Health System or designee is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.

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RESOLUTION NUMBER: .

Regularly passed and adopted this DAY of MONTH, YEAR

AYES and in favor of said resolution:

Supervisors: _____

NOES and against said resolution:

Supervisors: _____

Absent Supervisors: _____

*President, Board of Supervisors
County of San Mateo
State of California*

Certificate of Delivery

I certify that a copy of the original resolution filed in the Office of the Clerk of the Board of Supervisors of San Mateo County has been delivered to the President of the Board of Supervisors.

Deputy Clerk of the Board of Supervisors