

THE CORPORATION OF THE DISTRICT OF SAANICH Purchasing Services Section

770 Vernon Avenue, Victoria, BC V8X 2W7 Telephone: (250) 475-5494, local 3481 Email: purchase@saanich.ca

EXPRESSION OF INTEREST NO: 01/20

TITLE: ANNUAL LEAF COLLECTION PROGRAM - LEAF MULCH

The purpose of this notice is to solicit responses from parties interested in receiving/acceptance of large volumes of surplus leaf mulch.

OVERVIEW

The Corporation of the District of Saanich (District) - Public Works - Solid Waste Services Annual Residential Leaf Collection Program runs late October to late December annually collecting curbside leaf piles from residents throughout the municipality. Leaves are vacuumed and mulched in specially designed trucks with a maximum capacity of 10 tonnes or 20 cubic yards. There are approximately 400 loads annually equal to 4000 tonnes or 8000 yards.

A large percentage of the product is committed to Saanich Parks and Public Works and various community projects however we often have surplus leaf mulch available. Quantities available will be determined in consideration to Saanich volume requirements, program efficiency (e.g. trucking time, drop site location, hours of operation).

Saanich reserves the right to limit or terminate all loads based on its discretion on efficiency of the program and on the interest of the Residents and District as a whole.

If your organization is interested in purchasing any surplus leaf mulch please respond with the following:

NAME OF COMPANY	
TELEPHONE NUMBER	
FAX NUMBER	
CONTACT NAME (INDIVIDUAL)	
EMAIL ADDRESS	
Location for leaf mulch drop	o-off
	ill pay Saanich = \$70.00 PER LOAD (approximately 20 cubic yard)
Total number of loads requ	ested @ \$70.00 each:
Days/hours of operation at	drop-off site
Note: Submission(s) mu	st include a completed "Leaf Mulch Waiver Form" which is Appendix 1.

Note: Any responses after October 15th, 2020 will be reviewed and based on operational needs.

Purchasing Services at email: purchase@saanich.ca

A response would be appreciated by 3:00 p.m., Thursday, October 15th, 2020 to the Office of

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for administrative and operational functions. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7, t. 250-475-1775, e. foi@saanich.ca

APPENDIX 1

Leaf Mulch Waiver Form

l,,	being the registered owner or agent for the registered
owner of	(the "Delivery Address"), wish to receive a load(s) of leaf mulch
(the "Load") from the Corporation of the District of S	aanich ("Saanich").
 material. The quality of the Load(s) will be variable an animals and humans. I am responsible for the suitability of the loca the Delivery Address or the delivery vehicle. I am responsible for any damage or injury to and its officers, employees, elected officials, demand, loss or judgment (including costs, or property of the local transfer of the local trans	g the quality of the Load(s) or that it is free of trash or toxic plant id may contain plant material which is toxic to other plants, ation for the delivery, and will be responsible for any damage to
RELEASE and WAIVER	
who may claim on my behalf, covenant not to sue, a employees, elected officials, agents and volunteers loss of life or property damage of any kind or nature	or myself, my heirs, executors, administrators, or any others and hereby waive, release and discharge Saanich, its officers, from any and all claims of liability for personal injury, illness, including livestock, arising out of or sustained as a result of see and Waiver applies to all claims, foreseen and unforeseen, er duty of care.
I acknowledge that I have read and understand t am waiving certain legal rights, including the rig	the above, and I recognize that by signing this document I that to sue.
Registered owner's (or agent's) signature	Date
Registered owner's (or agent's) name (please print)	
Witness Signature	Date

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Witness's name (please print)