



Used Oil Payment Program Application Certification

City and County of San Francisco

Fiscal Year: 2018-19

Cycle: OPP9

Program Requirements Summary

1) Public Resources Code 48691(a)(1)(2)

Ensures there is one Certified Used Oil Collection Center for every 100,000 residents.

2) Public Resources Code 48691(b)

Our program has a public education component that informs the public of locally available used oil recycling opportunities.

3) Are you currently participating in mediation mandated by AB506, have attempted to initiate such mediation or have you declared a fiscal emergency within the last 12 months?

No

Acceptance of Used Oil Payment Program Provisions

Applicant acknowledges that submittal of this application constitutes acceptance of all provisions as contained in the Used Oil Payment Program Guidelines. The Guidelines document is available at:

<http://www.calrecycle.ca.gov/UsedOil/LGPayments/>

Payment Information

Payment Option: April Payment Requested: Standard payment request

Payment Address: Department of the Environment , 1455 Market St, Suite 1200, San Francisco , CA 94103

Contact Type	Name	Title
Primary	Huy Le	HHW/Used Oil Program Coordinator
Secondary	Maggie Johnson	Senior Toxics Reduction Coordinator
Signatory Authority	Deborah O. Raphael	Director

Document Type	Date*	Title
Resolution	5/24/2018	CCSF Resolution to Apply for Grants 57-14
Application Certification	5/25/2018	CCSF Application Certification
Letter of Designation (LOD)	5/24/2018	CCSF Letter of Designation

* Document Due Date: 07/26/2018

Participant Jurisdiction	Document Type	Date
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Penalty of Perjury Statement:

"I certify under penalty of perjury, under the laws of the State of California that I am authorized to sign this application on behalf of Applicant, that I have read the Used Oil Payment Guidelines and that to the best of my knowledge and belief that information provided in this Application is true and correct."

X

*Signature of Signature Authority (as authorized in Resolution) or
Authorized Designee (as authorized in Letter of Designation)*

Date

Print Name

Print Title

IMPORTANT! Applicant must print out this page, obtain Signature of Signature Authority, upload signed document to the LoGOPP system, and retain the original document in Applicant's cycle file.