

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Agency Name: _____ Contractor Name: _____
Agency Code: _____ Address: _____
Appropriation Unit: _____
Is budget authority available?: Yes No Contact / Phone: _____
If "No" please explain: _____ Vendor No.: _____ CDB# _____

To what State Fiscal Year(s) will the contract be charged? _____
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input type="checkbox"/> General Funds _____ %	<input type="checkbox"/> Fees _____ %
<input type="checkbox"/> Federal Funds _____ %	<input type="checkbox"/> Bonds _____ %
<input type="checkbox"/> Highway Funds _____ %	<input type="checkbox"/> Other funding: _____ %

2. Contract start date:
a. Effective upon Board of Examiner's approval? or b. other effective date _____
Anticipated BOE meeting date _____
[Contracts with an effective date prior to BOE approval (retroactive) must be accompanied by a memorandum explaining the reason prior BOE approval was not obtained.]

3. Termination date: _____ (original contract)
Contract term: _____ (indicate in years the length of the contract and any potential renewals)

4. Type of contract (check one):
a. New Contract Cooperative Agreement
 Contract Amendment # _____ Revenue Contract
 Interlocal Contract Other Contract: _____

b. Contract Description (limited to 3 or 4 key words): _____

5. Purpose of contract (Describe Scope of Work or service to be accomplished):

6. a. NEW CONTRACTS ONLY:
The maximum amount of the contract for the term of the contract is: _____
Payment for services will be made at the rate of _____ per _____
(enter dollar amount) (time interval, i.e., hour, year)
or, if not applicable, specify other basis for payment: _____

b. CONTRACT AMENDMENTS ONLY: Meeting date of BOE approval

Maximum amount of the original contract: (refer to 6 a)	1.	_____	_____
Total amount of any previous contract amendments	2.	_____	_____
Amount of current contract amendment	3.	_____	_____
New maximum contract amount (Add lines 1, 2, and 3 for the total of line 4)	4.	_____	_____

and/or the termination date of the original contract has changed to: _____
and/or explain other changes: _____

II. JUSTIFICATION

7. What conditions mandate that this work be done?

8. Explain why State employees in your agency or other State agencies are not able to do this work:

9. Were quotes or proposals solicited? Yes No

Was the solicitation (RFP) done by the Purchasing Division? Yes No If both are No, see 9 b.

a. If yes, list the names of vendors that submitted proposals.

b. Solicitation Waiver # _____ Professional Service Exempt

c. Why was this contractor chosen in preference to others?

d. Last bid date: _____ Anticipated re-bid date: _____

10. Does the contract contain any IT components? Yes No

If yes, per NRS 242.151 DoIT approval is required.

DoIT Director or designee approval

Date

III. OTHER INFORMATION:

11. a. Is the contractor a consultant that is providing an opinion or advice as defined in S.A.M. Chapter 300? (S.A.M. states "a consultant is a person that provides information, an opinion or advice for a fee")

Yes No

b. Is the contractor a current employee of the State of Nevada?

Yes No If "Yes," is the contractor planning to render services while on annual leave, compensatory time, sick leave, or on his own time? (*Please explain*)

c. Was the contractor formerly employed by the State of Nevada within the past one (1) year?

Yes No If "Yes," please provide employment termination date.

d. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes No If "Yes," please explain.

12. Has the contractor ever been engaged under contract by any State agency?

Yes No If "Yes," specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

13. Contracts over \$25,000 per fiscal year: Is the contractor currently involved in litigation with the State of Nevada?

Yes No If "Yes," please provide details of the litigation and facts supporting approval of the contract.

14. Agency Field Contract Monitor:

Printed Name

Title

Phone No.

15. Certified Contract Manager Approval:

Printed Name

Signature

Phone No.

16. Agency Head Approval:

Signature

17. Date Contract Summary was Prepared:

Date