

**COUNTY OF NEVADA  
AUDITOR-CONTROLLER'S OFFICE  
CONTRACT ENCUMBRANCE REQUEST FORM**

*This is for Board and CEO Contracts only. For Purchasing Agent contracts use the requisition process.*

**Requesting Dept:** Probation **Contact person:** Angelina Coffey  
**Completed by:** Angelina Coffey

**Action:**  
 New  Change  Amendments  Encumbrance # \_\_\_\_\_


**Fiscal Year** 18/19 **Board Meeting Date** July 17, 2018

**New Vendor**  **Vendor Data Form Attached**

**Vendor #** 104227 **Vendor Name:** Victor Community Support Svcs

**Description:** Clinical and evidence-based services for Juvenile Hall and Probation clients.

<b>Org Code(s)</b>	<b>Description:</b>	<b>Account(s)</b>	<b>PCN(s)</b>	<b>\$ Amount</b>
1 <u>0101-20320-201-1000</u>		<u>521520</u>	<u>20100678</u>	<u>\$45,650</u>
2 <u>0101-20310-202-1000</u>		<u>521520</u>	<u>20280000</u>	<u>\$25,000</u>
3 _____		_____	_____	_____
4 _____		_____	_____	_____
5 _____		_____	_____	_____

**Dept. Representative approval:**  **Date:** 6/22/18

**Type of Encumbrance:**

**Board Approved**  **Resolution #** \_\_\_\_\_ **CEO Approved**  **Contract #** \_\_\_\_\_

**Type of Contract:**

**Multi-Year**

**Construction (C)**  **Maintenance (M)**  **Service (S)**  **Franchise (F)**

**Lease (L)**  **M.O.U. (U)**  **Other (O)**

**Start/Stop Date:** \_\_\_\_\_ **Valid Insurance Certificate on file?** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

*CEO Contracts Only - items are to be scanned and attached by email (when applicable):*

Risk Manager Insurance Form	Y	N
Valid Insurance Certificate	Y	N
Completed Independent Contractor Form	Y	N

Verified Signed BOS Reso/CEO Contract Y N

**Assigned:** \_\_\_\_\_ **Control Number:** \_\_\_\_\_ **Encumbrance Number:** \_\_\_\_\_  
**Entered by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Dept. Contacted:** \_\_\_\_\_