

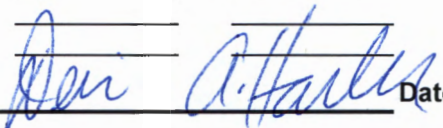
COUNTY OF NEVADA
AUDITOR-CONTROLLER'S OFFICE
CONTRACT ENCUMBRANCE REQUEST FORM

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

Requesting Dept:	<u>VICTIM WITNESS / DISTRICT ATTORNEY</u> <u>XC 16010290</u>	Contact person:	<u>DENISE HARBEN</u>
		Completed by:	<u>CHRISTINA RITNER</u>
Action:			
New	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>
Amendments	<input type="checkbox"/>	Encumbrance #	<u>BMG16545</u>
Fiscal Year	<u>2018 / 2019</u>	Board Meeting Date	<u>June 19, 2018</u>
New Vendor	<input type="checkbox"/>	Vendor Data Form Attached	<input type="checkbox"/>
Vendor #	<u>109587</u>	Vendor Name:	<u>COMMUNITY BEYOND VIOLENCE (CBV)</u>
Description: <u>PERSONAL SERVICES CONTRACT TO PROVIDE A PART TIME SHELTER ADVOCATE TO PROVIDE SERVICES TO SHELTER RESIDENTS</u>			

Org Code(s)	Description:	Account(s)	PCN(s)	\$ Amount
1 <u>0101 50608 203 1000</u>		<u>521525</u>	<u>20300113</u>	<u>31,957.00</u>
2				
3				
4				
5				

Dept. Representative approval:



Date: 5/30/2018

Type of Encumbrance:	Original Contract Resolution # <u>16-545</u>		
Board Approved <input checked="" type="checkbox"/>	Original IOES Grant Resolution # <u>16-516</u>	CEO Approved <input type="checkbox"/>	Contract # _____
Type of Contract:			
Construction (C) <input type="checkbox"/>	Maintenance (M) <input type="checkbox"/>	Service (S) <input checked="" type="checkbox"/>	Franchise (F) <input type="checkbox"/>
Lease (L) <input type="checkbox"/>	M.O.U. (U) <input type="checkbox"/>	Other (O) <input type="checkbox"/>	
Start/Stop Date: <u>7/1/16 - 12/31/19</u>		Valid Insurance Certificate on file? <input checked="" type="checkbox"/>	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: _____	