

CONTRACT COVER SHEET

For Contract Review - please route Contract through Finance – Procurement Dept. A contract number will be assigned when it starts the review process.

NOTE: Contract Numbers will not be issued via email or over the telephone.



*Please fill out this form completely or it will be returned to you prior to review, approval, or filing in LaserFiche.
If a response is not applicable, please use "N/A" - Do Not Leave Any Blanks.*

Date Submitted for Review: _____

Type (check one):

Construction ☐

Contract ☐

Change Order/Modification ☐

#NA Drop Down

IGA ☒

Development Agreement ☐

Amendment ☐

#NA Drop Down

Easement ☐

Lease/Property Acquisition ☐

Other ☐ (please specify):

IDENTIFYING INFORMATION: (Please fill in each field)

Requesting Dept., Contact Name, Ext. #:
Police Department, Jennifer Calovini X7805
Contractor Name, Address, Tel. No.:
City of El Mirage, Attn: Bill Balafas
480-635-7224, william.balafas@gilbertaz.gov
75 E Civic Center Drive, Gilbert AZ 85296
Assigned Contract Number: **CON – 21-5851**

Brief Summary of the Services to be provided:
Participation in AZ Child Abduction Response Team

Terms:

Start: Upon Execution Expire: 6/30/2030

Contract Amount: \$ -0-

Council Date: 01/04/2021 COAC # 2021-7150 N/A ☐

City Clerk's Office Use – Retention Date: _____

Link to: _____

REVIEWED AND APPROVED:

<input type="checkbox"/> Procurement:	_____	Date: _____	Contracts/Procured Services
<input type="checkbox"/> Legal:	_____	Date: _____	All documents
<input type="checkbox"/> City Manager:	_____	Date: _____	When required

CONTRACT REVIEW REQUIREMENTS

PROCUREMENT PROCESS – NOTE: IGAs, Easements, Lease/Property Acquisition and Development Agreements do not require Procurement Review. However, they must still be seen by Legal Services. All Contracts must be reviewed and signed off by Procurement or the City Manager & Legal Services prior to going to Council.

Designate what method you used to arrive at this contract and whether the item is budgeted for:

- ☐ Less than \$5000 ☐ \$5,000 to \$50,000 – 3 written quotes ☐ Cooperative Agreement ☐ On-Call /Task Order
- ☐ Formal Solicitation, Incl. Solicitation Number: **OP-** _____
- ☐ Other – please name (e.g., sole source, demo, etc. & attach RAP (Request for Alternate Procurement) approved by Procurement Manager.

Budgeted: ☐ Yes ☐ No Requires Council Action: Yes ☐ No ☐ If yes, Council Date: _____ **Attach COAC**

Additional Funding Source? ☐ Federal – Identify: _____ ☐ State – Identify: _____

☐ Grant/Other – Identify: _____ *Attach all supporting documentation for funding source.

ADDITIONAL COMMENTS? Provide two signed copies to Jennifer Calovini. Thank you.

INSURANCE & BONDS (To be completed by Procurement Specialist)

Insurance Certificate:	<input type="checkbox"/> Attached	_____ Initial	Date: _____
Bid Bond:	<input type="checkbox"/> Attached	_____ Initial	Date: _____
Performance Bond:	<input type="checkbox"/> Attached	_____ Initial	Date: _____
Payment Bond:	<input type="checkbox"/> Attached	_____ Initial	Date: _____

Changes are required to this contract/document as follows: _____