

County of El Dorado Procurement & Contracts

Contract Request Form

Please complete this Contract Request Form (CRF) and submit it to Procurement & Contracts. The complete CRF will be reviewed and processed. If the CRF is incomplete or missing necessary documentation, it will be returned to the requestor for re-submission.

Request Date Desired Date Department

Project Manager and Title

Requestor Extension Draft Review Requested

County Contract Administrator and Title

Project Name/Service Legistar #

Consultant/Contractor

Request For Information Contact Phone #

Email FENIX Vendor Number

Vendor Selection Process & Solicitation Number

Exception to Competition (if applicable)

Please attach a written explanation to support claims for non-competition not linked to a specific C-17 exemption.

Include the RFQ or RFP, the Consultant's proposal, and emails and other documents to verify policy compliance with this form, if applicable. In accordance with BOS Policy C-17, Professional Services Contracts over \$100,000 require a competitive selection process.

Start Date End Date Term Type Term

Not-to-Exceed Amount Term Other

FENIX Project # Org for Counsel Billing

Additional Documents

Please send additional documents, along with this form, to the following email address:

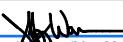
cao-contracts-newrequests@edcgov.us

Include the name of the Department requesting the contract in the subject title.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Scope of Work (Required) (MS Word) | <input type="checkbox"/> DBE Commitment Forms (completed) |
| <input checked="" type="checkbox"/> Fee Schedule/Billing Rates (Required) (MS Word) | <input type="checkbox"/> Alternate Indemnity and Justification |
| <input checked="" type="checkbox"/> HR Contract Processing Form (Required - Except Public Works) | <input type="checkbox"/> Consultant/Contractor Proposal |
| <input checked="" type="checkbox"/> Contracting Out Analysis (Required - Except Public Works) | <input type="checkbox"/> Emails to/from Procurement and Contracts |
| <input type="checkbox"/> Cooperative or Program Supplement Agreement | <input type="checkbox"/> Non-standard Insurance Information |
| <input type="checkbox"/> Highlighted Assessor's Parcel Map (appraisals/valuations) | <input type="checkbox"/> Request P&C Assistance with DIR Reg. |

Signature on this form certifies Policy C-17 compliance

Contract Administrator Signature


Jeffrey Warren (Mar 23, 2026 09:21:16 PDT)

Department Director Signature


Jeffrey Warren (Mar 23, 2026 09:21:16 PDT)

FENIX Agreement #

Contract Details

Funding *The following information will be used in the Legistar Item and may influence federal and state provisions. List all funding sources associated with the Contract, and the Funding Agreement Number.*

Funding Source

Agreement No.

CSA 10 ZOB Area C Waste Management Fees/Assessments

Project Specific Contracts *For project specific contracts, include copies of associated Cooperative or Program Supplement Agreements as applicable.*

Cooperative Agreement

Program Supplement Agreement

Agreement #

Scope of Work *Include a detailed Scope of Work with this form. The Scope of Work must describe precisely what is to be accomplished under this Contract and include a detailed description of the results expected, deliverables, and the time frames to be met. For additional information, please refer to the "Scope Guidelines for Agreements and Task Orders" document.*

Notice to Proceed (NTP) *Select the type of Notice to Proceed required for this Contract.*

NTP Type

Subconsultants *Provide information for each of the subconsultants authorized under this contract. Include a detailed list, in addition to this form if required. Note: mark-up is not allowed on Federally funded projects.*

Subconsultant(s) Authorized

Mark-up Allowed

Mark-up %

Subconsultant Name(s)

Compensation *Include applicable fee schedules, billing rates, cost proposals, contractor's quotation, and indicate any conditions on payment. If applicable, enter Not-to-Exceed (NTE) amounts for the Base Scope, Supplemental Tasks, and Optional Tasks. Select all payment options that apply. If direct costs are allowed, please list on the Fee Schedule. If additional pay is authorized, please specify and provide details in the Rate Schedule.*

NTE Base Scope

NTE Supplemental Tasks

NTE Optional Tasks

Payment Type **As invoiced - within 45 days**

Mileage/Travel Reimbursement

Retention %

Direct Cost(s)

Direct Cost(s) Markup

Additional Pay *(check all that apply)*

None

Night/Weekend

Shift

Overtime

Insurance *Provide additional information if non-standard insurance requirements are required. Such as: Explosion, Collapse & Underground coverage, Aerial Flight, or Aircraft Liability insurance and bonds.*

Standard

Non-Standard

Non-Standard Insurance/Bond Types

Additional Contract Provisions *In addition to standard contract provisions, additional provisions may be required for some contracts. Select all of the provisions that are applicable to this Contract, and provide details where requested. Typically Work Orders are up to \$10,000.*

Work Order Task Order

Progress Reports

Unanticipated Grant Funding

Ownership of Data

Quality Control

Prevailing Wage (none selected)

Non-standard Indemnity

Consultant's Project Manager

Electronic Submittals of Deliverables

File Format(s)

Standards for Work

Reference

License/Certification

Type






CRF - CLEAN TAHOE

Final Audit Report

2026-03-23

Created:	2026-03-20
By:	Jaclyn Scaggs (jaclyn.scaggs@edcgov.us)
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"CRF - CLEAN TAHOE" History

-  Document created by Jaclyn Scaggs (jaclyn.scaggs@edcgov.us)
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-  Document emailed to Jeffrey Warren (jeffrey.warren@edcgov.us) for signature
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