

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/14/2020

Need Date: 09/21/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHS

Name: Apex Systems, Inc. dba ServPro

Dept. Contact: Ashley Wells

Address: 193 Shady Lane

Phone: x6906

Stateline, NV, 89449

Department Head Signature: Yvonne Kollings

Phone: 775-588-2355 x106

Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.09.11 10:50:35 -0700
Yvonne Kollings, CFO

Org Code: 5500

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHS - Animal Services

Service Requested: Agreement for Services

Description: Supplemental janitorial/cleaning services due to COVID-19 at SLT Animal Services

Contract Term: Execution - One Year Contract Value: \$ 46,800.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 09/16/2020 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!