

# 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

Consultant/Contractor Selection Process  Bid/RFP/RFQ Number

*Include the RFQ or RFP and the Consultant's proposal with this form, if applicable. In accordance with BOS Policy C-17, Professional Services Contracts over \$100,000 require Purchasing Agent review and evaluation to determine the most appropriate method of selection. Outside review is required if an RFQ or RFP has not been completed. Include emails and other documents to verify policy compliance.*

**Signature on this form certifies Policy C-17 compliance.**

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 <b>(Required)</b> (MS Word)               | <input type="checkbox"/> Alternate Indemnity and Justification               |
| <input checked="" type="checkbox"/> Fee Schedule/Billing Rates <b>(Required)</b> (MS Word)  | <input type="checkbox"/> Consultant/Contractor Proposal                      |
| <input checked="" type="checkbox"/> HR Contract Processing Form <b>(Required)</b>           | <input checked="" 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 ( <i>appraisals/valuations</i> ) | <input type="checkbox"/> Request P&C Assistance with DIR Reg.                |
| <input type="checkbox"/> DBE Commitment Forms ( <i>completed</i> )                          |  |

Contract Administrator Signature

FENIX Agreement #

Department Director Signature

## 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.

CDPH Allocation Agreement No. 17-10152

132-F1811 and A1

**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

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

Non-standard Indemnity

Consultant's Project Manager

Electronic Submittals of Deliverables

File Format(s)

Standards for Work

Reference

License/Certification

Type