

CONTRACT APPROVAL AND PREPARATION REQUEST

CITY AND COUNTY OF DENVER

To: Mayor / City Attorney		Call ID / Ticket #: 00 081 821	
Attention:		Contract Administration Officer: Sheri Zamora-Gutierrez	
Date: 2010-10-06		Phone: 720-913-6329	
Initiating City Agency/Authority: Police		Division: DPD	
Agency Contact Familiar with this Contract: Sheri Zamora 720-913-6329			
1. Was this contractor selected by competitive process: No -->Noted Reason: Grant Award			
2. City Council approval is required prior to entering this contract: Yes			
3. A Pre-Encumbrance has been entered into PeopleSoft: No		Prevailing Wage Contract? F	
4. Contractor Info & VendorID: Department of Justice Community Oriented Policing Services 1100 Vermont Ave, NW Washington, DC 20530		5. Contract Control Number: GC-94016 - 00	
		6. Type of Contract: Exp. F Rev. T Orig. T Amend. F	
		7. Type of Entity: Federal Government	
		8. IRS / SSN #:	
		9. Project/Grant ID + Name: 2010CKWX0473	
		10. Ordinance: Series:	
		11. Proposed Term: 2009-12-16 to 2012-12-15	
		Existing Term: to	
12. Current contract request amount: \$500,000.00			
13. If amendment, previous total: \$0.00		14. Total with amendments: \$500,000.00	
15. Additional Business Units Planning to use this Contract:			
16.	<u>Bus. Unit</u>	<u>Fund</u>	<u>Org.</u>
	<u>Acct.</u>	<u>Project/Grant</u>	<u>Amounts</u>
Funding Sources:	1 POLIC	12220	3518101
	2		343004
	3		
	4		
	5		
	6		
			\$500,000.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
17. Contract Request Description:			
FY2010 Law Enforcement Technology grant award will enable the full implementation of the COPLINK program in Denver. This software solution enables analytical, search, and reporting capabilities for large amounts of criminal and case data.			
XO15 #615 CFDA 16.710 Chartfield LETECH2010			
18. Supplemental Materials - transmit to City Attorney as e-mail attachment or hardcopy:			
<input type="checkbox"/> Cert. of Insurance	<input type="checkbox"/> Evidence of Bonding	<input type="checkbox"/> Real Estate Desc.	
<input type="checkbox"/> RFP	<input type="checkbox"/> RFQ	<input type="checkbox"/> Scope of Work	<input type="checkbox"/> Other
APPROVALS: Add agencies as needed: Facilities Planning and Management Council on Disabled Career Service Authority	Dept/Agency Head:		Date:
	Risk Management:		Date:
	Other Authority:		Date:
	Other Authority:		Date:
	Other Authority:		Date:
	Other Authority:		Date:
	Other Authority:		Date:
	Other Authority:		Date:
Mayor Signature Date:		Date:	
Auditor Signature Date:		Date:	
CERTIFICATION:			
I hereby certify that the articles or services requested herein are necessary for the operation of this agency, are not available within existing resources, are properly chargeable to the accounts detailed above in respect to which funds have been pre-encumbered, and that this proposed undertaking is in conformity with the Mayor's policy.			
Initiating Authority _____		City Attorney _____	
Date _____		Date: _____	