

# CONTRACT APPROVAL AND PREPARATION REQUEST

## CITY AND COUNTY OF DENVER

To: Mayor / City Attorney		Call ID / Ticket #: 00 081 412	
Attention: Victoria Ortega		Contract Administration Officer: Amber F McReynolds	
Date: 2010-09-07		Phone: 720-8654860	
Initiating City Agency/Authority: C&R, Elections		Division: Elections Division	
Agency Contact Familiar with this Contract: Amber McReynolds			
1. Was this contractor selected by competitive process: No --> Noted Reason: Election equipment is sole-source and limited to			
2. City Council approval is required prior to entering this contract: No <i>yes</i> <b>CE 61522</b>			
3. A Pre-Encumbrance has been entered into PeopleSoft: No <span style="float: right;">Prevailing Wage Contract? F</span>			
4. Contractor Info & VendorID: <b>84184</b> Dominion Voting Systems, Inc 717 17th Street, Suite 310 Denver, CO 80202		5. Contract Control Number: <b>CE00620 - 00</b>	
		6. Type of Contract: Exp. F Rev. F Orig. F Amend. T	
		7. Type of Entity: Corporation	
		8. IRS / SSN #: 270565149	
		9. Project/Grant ID + Name:	
		10. Ordinance: Series:	
11. Proposed Term: to		Existing Term: 2010-07-01 to 2011-02-01 <i>leave blank</i>	
12. Current contract request amount: \$0.00			
13. If amendment, previous total: <del>\$0.00</del> <i>1,303,459</i>		14. Total with amendments: <del>\$0.00</del> <i>1,303,459</i>	
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	1		\$0.00
Sources:	2		\$0.00
	3		\$0.00
	4		\$0.00
	5		\$0.00
	6		\$0.00
17. Contract Request Description: This amendment is to assign current election equipment assets that were purchased from Sequoia Voting Systems to Dominion Voting Systems. The support of this equipment and software will be assigned to Dominion Voting Systems.			
18. Supplemental Materials - transmit to City Attorney as e-mail attachment or hardcopy:			
<input type="checkbox"/>	F Cert. of Insurance	<input type="checkbox"/>	F Evidence of Bonding
<input type="checkbox"/>	F RFP	<input type="checkbox"/>	F RFQ
<input type="checkbox"/>		<input type="checkbox"/>	F Real Estate Desc.
<input type="checkbox"/>		<input type="checkbox"/>	F Scope of Work
<input type="checkbox"/>		<input type="checkbox"/>	F Other
<b>APPROVALS:</b> Add agencies as needed: Facilities Planning and Management Council on Disabled Career Service Authority		Dept/Agency Head: Amber McReynolds	
		Risk Management: steve rozanski	
		Other Authority:	
		Other Authority:	
		Other Authority:	
		Other Authority:	
		Other Authority:	
Mayor Signature Date:		Date:	
Auditor Signature Date:		Date:	
<b>CERTIFICATION:</b> 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.			
Amber McReynolds _____ Initiating Authority		2010-09-07 _____ Date	
		_____ City Attorney	
		_____ Date:	