CONTRACT APPROVAL AND PREPARATION REQUEST

CITY AND COUNTY OF DENVER

				Call ID / Ticket #: 00 082 615		
Attention:		Contract Administration Officer: Sheri Zamora-Gutierrez				
Date: 2010-12-01	Phone: 720-913-6329					
Initiating City Agency/Authority: Police Division: DPD						
Agency Contact Familiar with this Con		a 720-913-6329				
1. Was this contractor selected by comp			sional Preference			
2. City Council approval is required prior						
3. A Pre-Encumbrance has been entered		Prevailing Wage Contract? F				
4. Contractor Info & VendorID: 356	· ·	5. Contract Con				
Nicoletti-Flater Associates, PLLP	_	6. Type of Contract: Exp. T Rev. F Orig. F Amend. T				
3595 S Teller Street, Suite 310		7. Type of Entity: Limited Liability Partnership (LLP)				
Lakewood, CO 80235		8. IRS / SSN #:				
	9. Project/Grant ID + Name:					
	10. Ordinance: Series: 111. Proposed Term: 2006-01-01 to 2011-12-31					
	Existing Term: 2006-01-01 to 2010-12-31					
12. Current contract request amount: \$204,500.00						
13. If amendment, previous total: \$941,900.00 14. Total with amendments: \$1,146,400.00						
15. Additional Business Units Planning to use this Contract: FIRES						
16. Bus. Unit Fur		ct. Pro	pject/Grant Amou	ınts		
	 _	<u></u> 4600	<u> </u>	\$200,000.00		
Sources:		4600		\$4,500.00		
3	310 3321400 30-	4000		\$0.00		
3						
4				\$0.00		
5				\$0.00		
6				\$0.00		
	for the Department of Safety (
Assistance Unit) employees and Peer Supporters. Extend agreement one year thru 12/31/2011 and appropriate						
2011 budget. Statement of Work is attached, revised from previous year to accompanie the loss of the FTE						
Description:	i ' Favillologia de DED.					
				<u>-</u>		
18. Supplemental Materials - transmit to	City Attorney as e-mail attach	nment or hardco	ру:			
_ 	o City Attorney as e-mail attach	nment or hardco	<u> </u>			
F Cert. of Insurance F E	<u> </u>		ate Desc.			
F Cert. of Insurance F E F RFP F R	Evidence of Bonding RFQ Dept/Agency Head:	F Real Esta	ate Desc.	Date:		
F Cert. of Insurance F E	Evidence of Bonding RFQ Dept/Agency Head: Risk Management:	F Real Esta	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F R	Evidence of Bonding RFQ Dept/Agency Head: Risk Management: Other Authority:	F Real Esta	ate Desc.	Date: Date: Date:		
F Cert. of Insurance F E F RFP F RP F RP F RP F RP	Dept/Agency Head: Risk Management: Other Authority: Other Authority:	F Real Esta	ate Desc.	Date: Date: Date: Date: Date:		
F Cert. of Insurance F E F RFP F R APPROVALS: Add agencies as needed: Facilities Planning and Management Council on Disabled	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority:	F Real Esta	ate Desc.	Date: Date: Date:		
F Cert. of Insurance F E F RFP F RP F RP F RP F RP	Dept/Agency Head: Risk Management: Other Authority: Other Authority:	F Real Esta	ate Desc.	Date: Date: Date: Date: Date: Date:		
F Cert. of Insurance F E F RFP F R APPROVALS: Add agencies as needed: Facilities Planning and Management Council on Disabled	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Other Authority:	F Real Esta	ate Desc.	Date: Date: Date: Date: Date: Date: Date: Date:		
F Cert. of Insurance F E F RFP F R APPROVALS: Add agencies as needed: Facilities Planning and Management Council on Disabled	Dept/Agency Head: Risk Management: Other Authority:	F Real Esta	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F R APPROVALS: Add agencies as needed: Facilities Planning and Management Council on Disabled Career Service Authority	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Other Authority: Mayor Signature Date:	F Real Esta	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F R APPROVALS: Add agencies as needed: Facilities Planning and Management Council on Disabled Career Service Authority CERTIFICATION:	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Other Authority: Authority: Mayor Signature Date: Auditor Signature Date:	F Real Esta	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F R APPROVALS: Add agencies as needed: Facilities Planning and Management Council on Disabled Career Service Authority	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Other Authority: Auditor Signature Date: ess requested herein are	F Real Esta	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F RP F RP F RP F RP F RP	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Other Authority: Auditor Signature Date: Auditor Signature Date: des requested herein are cy, are not available within able to the accounts detailed	F Real Esta F Scope of	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F RP F RP F RP F RP F RP	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Mayor Signature Date: Auditor Signature Date: es requested herein are cy, are not available within able to the accounts detailed een pre-encumbered, and that	F Real Esta F Scope of	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F RP F RP F RP F RP F RP	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Mayor Signature Date: Auditor Signature Date: es requested herein are cy, are not available within able to the accounts detailed een pre-encumbered, and that	F Real Esta F Scope of	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F RP F RP F RP F RP F RP	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Mayor Signature Date: Auditor Signature Date: es requested herein are cy, are not available within able to the accounts detailed een pre-encumbered, and that	F Real Esta F Scope of	ate Desc.	Date:		
F Cert. of Insurance F E F RFP F RP F RP F RP F RP F RP	Dept/Agency Head: Risk Management: Other Authority: Other Authority: Other Authority: Other Authority: Mayor Signature Date: Auditor Signature Date: es requested herein are cy, are not available within able to the accounts detailed een pre-encumbered, and that	F Real Esta F Scope of	ate Desc.	Date:		

Form: adm42 rev 04/2009