NEVADA DIVISION OF STATE PARKS
CHECKLIST FOR CONTRACTS

Follow guidelines in S.A.M. 0300, Coop. Agreements, Interlocal & Independent Contracts

*This is a checklist to correctly complete a contract packet. For questions, contact the Certified Agency Contract Manager at division. For any contract over the amount of $24,999 per fiscal year, the Contract Manager **must** be included in the entire contract process.*

Contract Name: _____

COVER MEMO	**YES**	**NO**	**N/A**
To: Regional Manager, Administrative Services Officer, Deputy Administrator, Chief of Planning & Development (where applicable), Deputy Attorney General, Budget Analyst (where applicable).			
State the **reason** for the contract, **summarize** the work that will be done, **list bids** (lowest to highest) and **bid totals**. Justification needs to be made if three bids are not received. Provide a logical comparison of bids so it is clear who the low bidder is. (Use a table format, if necessary.)			
If **Emergency Contract**: Add justification to the cover memo and give a call to the division office for a heads-up. Emergency means – to preserve life or property.			

4604/4605 –FUND REQUEST MEMO (ADM-46)	**YES**	**NO**	**N/A**
If the contractor is being paid with funds from budget account 4604/4605 "ADM 46" funds, prior approval must be made according to policies #10-3, #10-8 and #10-10. A copy of the **approved** memo must be included in the contract packet.			

SOLICITATION WAIVER REQUEST FORM (S.A.M. 0338.0, Bidding Requests) *This form must be approved prior to initiating the contract.*	**YES**	**NO**	**N/A**
If you claim a sole or single source for the services, you must submit for approval a Solicitation Waiver Request form to the Contract Manager for authorization from state purchasing. This is for all contracts regardless of the amount. To access the online form, go to State Parks home page. Click on "forms" on the bottom right. You **do not** need this request if only one person/company responds to your bid request.			

CONTRACT SUMMARY *(S.A.M. 0344.0)* This document must be able to stand alone as the Board of Examiners (B.O.E.) primarily reads this to approve contracts. To access the online forms, go to http://parks.nv.gov/. Click on "forms" on the bottom right. This must be submitted with the Coop. Agreements and Interlocal Contracts also.	**YES**	**NO**	**N/A**
Description of Contract **#1** Agency Name is "State Parks." Agency Code is "704." Appropriation Unit is the budget account and category numbers for all funding sources (ie.4162/04) Is budget authority available? - this means are the funds for this contract in your budget or appreciated? Vendor number – if not already set up, they must complete the "Vendor Registration" form and your regional accounting assistant can assist with this. *State of Nevada Business License number.* State all Fiscal Years this contract will cover. Funding Sources- do not use category numbers or G/L numbers; for 4604/4605 check "Fee" and enter "Utility Surcharge" or "Fee Overage."			
#2 Contract Start Date - either check "Yes" for B.O.E. approval or enter the date the contract will be effective. Make sure these dates agree with the contract date. ***#3** Date of contract terminates and length of contract's term.*			
#**4** Type of Contract – State the type of contract. **#4** Contract Description – i.e. electrical service, floor installation, painting, etc.			
#5 Purpose of Contract - summarize the work to be accomplished and at what location.			
#6 Must give the maximum estimated amount of the contract.			
Justification ***#7** Explain conditions that require work to be done?*			

#8 Explain why State employees are not able to do this work.			
#9 Check both answers as "Yes." If an amendment, check "No." ***Answer questions appropriately.*** ***#9b*** *Solicitation Waiver Request form approval number.* ***#9c*** *Explain why this contractor was chosen over the other(s).* ***#9d*** *Fill in with dates or "N/A."*			
#10 If "yes" the contract needs DoIT approval.			
Other Information **#11a, b, c** If "yes" checked - further information is needed.			
#12 If "yes" is checked - further information needed. Ask the contractor if they have done any work for the State before and when or ask the Agency			
#13 Ask contractor if in litigation with the State of Nevada, if so list details.			
#14 Leave blank.			
#15 Should be yes, unless they have another name (Doing Business As) DBA			
#16 If no is checked, it must be obtained prior to submitting to contract manager.			
#17 Completed by Contract Manager. **#18** Name of Agency Field Contract Monitor (This person sees the work or service that is done.) **#19** Completed by Contract Manager.			
No markers of any kind can be used on the Contract Summary and never refer to an attachment in the answers.			

CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR	**YES**	**NO**	**N/A**
Title Fill in the name, address, phone and fax number of the park, region or division. Fill in the name, address phone, and fax number of the Independent Contractor			
#3 Contract Term (S.A.M 0340.0, Effective Dates) Either B.O.E. approval to termination date or enter the start date to termination date – this must agree with #2 in the contract summary			
#5 Incorporated Documents Change the attachments to agree with what is in the contract packet (i.e. Attachment DD: Insurance Certificates). Contracts should have a State Solicitation or Scope of Work, Contractor's Response and General Liability and Worker's Comp. Insurance Certificate with the insured endorsement.			
#6 Consideration The entered information should agree with the amount on the contract summary.			
#15 Independent Contractor The Independent Contractor must initial each question (not "X" or "√"). Questions #6 and #7 should never be "YES."			
Insurance Schedule ***Commercial General Liability Insurance*** NOTE: You will choose either Attachment CC1 (with auto ins.) or Attachment CC2 (without auto ins.) for the contractor insurance requirements. The insurance amounts are at the recommended level, but with prior approval from Risk Mgmt. or research from the Agency Contract Manager, they can be adjusted.			
#13 Required Signatures Signatures of Contractor representative(s), Park Supervisor/Maintenance Supervisor, Regional Manager, Administrative Services Officer, Deputy Administrator, and the Deputy Attorney General are all required.			

CONTRACT PACKET- Order of Paperwork:	**YES**	**NO**	**N/A**
1. Division Checklist (ADM-36) - Will be completely with name of contract, checked off and signed. **Note:** following this checklist can eliminate common errors that will cause a contract/agreement to be rejected or delayed. 2. Cover Memo – Use letterhead. 3. BA 4604/4605 Fund memo – a copy of the approved memo 4. Solicitation Waiver Request form, if applicable. 5. Contract Summary – Proofread, as this is the only portion of the contract the B.O.E. reviews for approval.			

6. State solicitation or scope of work. 7. Three bids or a list of vendors contacted in an attempt to get the three bids. 8. Insurance Certificates - Make sure the proper endorsement page is included with the certificate. Attach Affidavit of Rejection of Coverage, if applicable.			
CONTRACT AMENDMENTS (S.A.M. 0336.0)	**YES**	**NO**	**N/A**
Amendments use the same checklist, except there are three original signed copies of the amendment page and one copy of the original contract attached. The contract summary and amendment must agree in the areas of the **contract terms** and **amount**.			

_____ _____

Regional Manager – Signature Date

_____ _____

Regional/Park Contract Monitor – Signature Date