Details				Notes:
CMS Identification # (# 9): Contract Title (\$): Contract Purpose (\$): PARTICIPATION IN THE CHATFIELD REALLOCATION PROJECT. THE PURPOSE IS TO INCREASE PERMANENCE AND RELIBELILITY OF ITS WATER SUPPLY BY REDUCING ITS DEPENDENCE ON NON-RENEWABLE WATER SUPPLIES. Fiscal Year: Contractor/Vendor (\$): Contractor/Vendor (\$): Contractor/Vendor FEIN: Tavares, Jodie CTZON-ZZTS Contract Administrator: Unique Department Contract Number: Agency/IHE (Department) Name: Pagency/IHE (Department) Name: Tayares, Jodie CTZON-ZZTS Contract Quince Period End Date (\$): Agency/IHE (Department) Name: Third Agency/IH	Details			
Contract Title (\$): ADDITIONAL CONTRACT Purpose (\$): Contract Purpose (\$): ADDITIONAL CONTRACT Purpose (\$): ADDITIONAL CONTRACT PURPOSE (\$): Fiscal Year: Contractor/Vendor (\$ \$): Centrential Wafter & Sanitation Dependence on Non-Renewable water Supplies. Fiscal Year: Contractor/Vendor (\$ \$): Centrential Wafter & Sanitation Second Contractor/Vendor: Second Contractor/Vendor FEIN: Third Contractor/Vendor FEIN: Third Contractor/Vendor FIN: Contract Administrator: Unique Department Contract Number: Original Contract CLIN or other Identifying Number: Purchase Order or Encumbrance Number: Agency/IHE (Department) Name: Purchase Order or Encumbrance Number: Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Comment Status: N/A Effective Date (\$): LATEST Performance Period Start Date (\$): LATEST Performance Period End Date (\$): LATEST Performance Period File Method Used (\$ \$): Is this an IT contract?: Maximum Amount (\$): CONDULATIVE Maximum Contract Dollar Amount (For Maxter Task Orders read Help text for instruction) (\$ \$): Solicitation Number: If this is a Sole Source, was a "Sole Source Usual and Certification" form completed, and placed in contract file, that includes the mandatory determination Jene Lates Task Orders read Help text for instruction) (\$ \$): Solicitation Number: If this is a Sole Source was a "Sole Source Usual and Certification form completed, and placed in contract file, that includes the mandatory determination	CMS Identification # (‡ §):	84612		
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Contractor/Vendor (‡ §): CENTENNIAL WATER & SANITATION FEIN: 1008 Second Contractor/Vendor: Second Contractor/Vendor FEIN: Third Contractor/Vendor FEIN: Third Contractor/Vendor FEIN: Contract Administrator: Unique Department Contract Number: Original Contract CLIN or other Identifying Number: Purchase Order or Encumbrance Number: Agency/IHE (Department) Name (‡ §): Second Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Document Status: N/A Effective Date (‡): LATEST Performance Period End Date (‡): LATEST Performance Period End Date (‡): LATEST Performance Period End Date (‡): LATEST Performance Period Start Date (†): Number of renewal periods (‡): Contract SubType - PS (\$): Is this an IT contract?: No Maximum Amount (†): O.00 CUMULATIVE Maximum Contract Dollar Amount (For Master Task Orders read Help text for instruction) (‡ §): Solicitation/Selection Method Used (‡ §): If selected OTHER, enter the Method used.: Solicitation and Certification" form completed, and placed in contract file, that includes the mandatory determination	Contract Purpose (‡):	REALLOCATION PROJECT. THE PURPOSE IS TO INCREASE PERMANENCE AND RELIABLILITY OF ITS WATER SUPPLY BY REDUCING ITS DEPENDENCE ON NON-RENEWABLE WATER		Statute for applicable contract types
FEIN: 1008 Second Contractor/Vendor: Second Contractor/Vendor FEIN:	Fiscal Year:	2015	•••	
Second Contractor/Vendor: Second Contractor/Vendor FEIN: Third Contractor/Vendor FEIN: Third Contractor/Vendor FEIN: Third Contract Administrator: Unique Department Contract Number: Original Contract CLIN or other Identifying Number: Purchase Order or Encumbrance Number: Agency/IHE (Department) Name († §): Department of Natural Resources Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Document Status: Effective Date (†): Expiration Date (§): LATEST Performance Period End Date (†): Number of renewal periods (†): Contract Group/Type (§): Exempt Contract SubType – PS (§): Is this an IT contract?: Maximum Amount (†): CUMULATIVE Maximum Contract Dollar Amount (For Master Task Orders read Help text for instruction) († §): Solicitation/Selection Method Used (* §): If selected OTHER, enter the Method used.: Solicitation number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination	Contractor/Vendor (‡ §):	CENTENNIAL WATER & SANITATION	<u></u>	
Second Contractor/Vendor FEIN: Third Contractor/Vendor FEIN: Contract Administrator: Unique Department Contract Number: Original Contract CLIN or other Identifying Number: Purchase Order or Encumbrance Number: Agency/IHE (Department) Name (* §): Department of Natural Resources Agency/IHE (Department) Name: Pocument Status: Pocument Status: Document Status: N/A Effective Date (*): Expiration Date (\$): 10/16/2039 Performance Period Start Date (*): Number of renewal periods (*): Contract SubType - PS (\$): Is this an IT contract?: No Maximum Amount (*): CUMULATIVE Maximum Contract Dollar Amount (for Master Task Orders read Help text for instruction) (* §): Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination	FEIN:	1008		
Third Contractor/Vendor: Third Contractor/Vendor FEIN: Contract Administrator: Unique Department Contract Number: CT20/LG-22755 Ciginal Contract CLIN or other Identifying Number: Purchase Order or Encumbrance Number: Agency/IHE (Department) Name (# \$): Agency/IHE (Department) Name: Department of Natural Resources Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Document Status: N/A Effective Date (#): Expiration Date (8): 10/16/2015 Expiration Date (8): LATEST Performance Period End Date (#): LATEST Performance Period End Date (#): Contract Group/Type (\$): Exempt Contract SubType - PS (\$): Is this an IT contract?: No Maximum Amount (#): CUMULATIVE Maximum Contract Dollar Amount (For Master Task Orders read Help text for instruction) (# \$): Solicitation/Selection Method Used (# \$): N/A If selected OTHER, enter the Method used.: Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination	Second Contractor/Vendor:		<u></u>	
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Contract Administrator: Unique Department Contract Number: Original Contract CLIN or other Identifying Number: Purchase Order or Encumbrance Number: Agency/IHE (Department) Name (# \$): Agency/IHE (Department) Code: PAA - DNR - EXECUTIVE DIRECTOR Second Agency/IHE (Department) Name: Third Agency/IHE (Department) Name: Document Status: N/A Effective Date (#): Expiration Date (\$): 10/16/2015 Expiration Date (\$): LATEST Performance Period End Date (#): LATEST Performance Period End Date (#): Number of renewal periods (#): Contract Group/Type (\$): Exempt Contract Group/Type (\$): St shis an IT contract?: No Maximum Amount (#): O,00 CUMULATIVE Maximum Contract Dollar Amount (For Master Task Orders read Help text for instruction) (# \$): If selected OTHER, enter the Method used: Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination Tavares, Jodic Department of Natural Resources Department of Natural Resources .	•		<u></u>	
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Third Agency/IHE (Department) Name: Document Status: N/A Effective Date (‡): 10/16/2015 Expiration Date (\$): 10/16/2039 Performance Period Start Date (‡): LATEST Performance Period End Date (‡): Number of renewal periods (‡): Contract Group/Type (\$): Exempt Contract SubType – PS (\$): Is this an IT contract?: No Maximum Amount (‡): CUMULATIVE Maximum Contract Dollar Amount (For Master Task Orders read Help text for instruction) (‡ \$): Solicitation/Selection Method Used (‡ \$): N/A If selected OTHER, enter the Method used: Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination	Agency/IHE (Department) Code:	PAA - DNR - EXECUTIVE DIRECTOR	•••	
Document Status: Effective Date (‡): 10/16/2015 Expiration Date (§): 10/16/2039 Performance Period Start Date (‡): LATEST Performance Period End Date (‡): Number of renewal periods (‡): Contract Group/Type (§): Contract SubType – PS (§): Is this an IT contract?: No Maximum Amount (‡): CUMULATIVE Maximum Contract Dollar Amount (For Master Task Orders read Help text for instruction) (‡ §): Solicitation/Selection Method Used (‡ §): N/A If selected OTHER, enter the Method used.: Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination	Second Agency/IHE (Department) Name:		***	
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Contract Group/Type (§): Contract SubType – PS (§): Is this an IT contract?: No Maximum Amount (‡): CUMULATIVE Maximum Contract Dollar Amount (For Master Task Orders read Help text for instruction) (‡ §): Solicitation/Selection Method Used (‡ §): N/A If selected OTHER, enter the Method used.: Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination	LATEST Performance Period End Date (‡):			
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Amount (For Master Task Orders read Help text for instruction) (‡ §): Solicitation/Selection Method Used (‡ §): N/A	Maximum Amount (‡):	0.00	···	
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If selected OTHER, enter the Method used.: Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination		N/Δ		
Solicitation Number: If this is a Sole Source, was a "Sole Source Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination		N/A		
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Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination				
	Justification and Certification" form completed, and placed in contract file, that includes the mandatory determination			

Sole Source Justification.:	
If selected OTHER, enter the justification	•••
for the Source. :	
Select ALL steps taken in making the Sole Source determination.:	***
Is this a Statutory Violation?:	
Is this a High Risk or Low Risk Contract?:	
Program Manager:	
Elesge Attachumants	<u></u>
Notes: Attached Files, Documents, Images Refresh	<u></u>
Custom Field 1:	···
Select File Browse Notes:	<u></u>
Field 3:	<u></u>
Entered By: Tavares, Jodie	
Earlier that Workflow, Alerts 10/14/2015 2:32:21 PM	
Tasks, Alerts, Events, & Workflow Add Tasks Todie	^
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Contract Jodie Expiration Tavares 8/17/2039 10/16/2039 60 8/17/2039 Open V	~
Checklists / Milestones Milestone and Checklists Add Checklist	
Price / Cost Line Items	
Price / Cost Details Add Price/Cost Item Import Price/Cost Data Export Price/Cost Data	
Notes, Comments, Diary Log	
File Notes & Comments	^
Enter Notes Below and/or optionally enter a subject:	
Font Name Size	
Save Note Refresh	~