

CONTRACT DATA SHEET

PSC Type (check one): X New Addendum Sole Source: X Yes No

Contractor Information	
1. Legal Name of Contractor:	<u>University of Louisville Research Foundation</u>
2. Address:	<u>301 South 3rd Street, Stevenson Hall, Room 521</u>
3. City, State, & Zip:	<u>Louisville, Kentucky 40292</u>
4. Contact Person Name & Telephone Number:	<u>Deborah Keeling 852-0370</u>
5. LeAP Supplier #:	<u>2741</u>
6. Revenue Commission Taxpayer ID#:	<u>[REDACTED]</u>
7. Federal Tax ID # (SSN if sole proprietor):	<u>[REDACTED]</u>

Department Information	
8. Requesting Department:	<u>LMPD</u>
9. Contact Person Name & Telephone:	<u>Amy McTyeire 574-3819</u>

Contract Information	
10. Not to exceed amount:	<u>\$ 31,000</u>
11. Are expenses reimbursed?	<u>No</u>
12. If yes list allowable expenses and maximum amount reimbursable:	<u>n/a</u>
13. Beginning and ending date of the contract:	<u>January 1, 2015 - December 31, 2015</u>
14. Coding:	<u>8216 - 305 - 8903 - 250021 - 821344</u>
15. Funding Source	<u>State FF</u> Federal Funds <u>yes</u> no
16. Scope & Purpose of the contract:	<u>Citizen Satisfaction Survey & Vehicle Stops Study, entire amount will be paid when the Fall 2015 Citizen Satisfaction Survey and Vehicle Stops studies are complete</u>

Attach all justification documentation to this form, along with signed Written Findings Form.

Authorizations	
Department Director: <u>[Signature]</u>	Date: <u>8/16/14</u>
Department certifies:	
<input checked="" type="checkbox"/> Funds are available	
<input checked="" type="checkbox"/> Contractor is registered and in good standing with the Revenue Commission	
<input checked="" type="checkbox"/> Human Relations Commission registration requirements have been met	
<input checked="" type="checkbox"/> Contractor's status regarding Federal Debarment has been verified per Metro Procurement Policy Section VII - Federally Funded Contracts & Agreements	
<u>[Signature]</u> Purchasing: Approval of Sole Source Designation	Date: <u>9/24/14</u>
<u>[Signature]</u> Risk Management: Certifies Insurance requirements satisfied.	Date: <u>4/2/14</u>
<u>[Signature]</u> County Attorney:	Date: <u> </u>
The County Attorney has written the attached Professional Service Contract or Sole Source Contract and has approved that document as to the legality of the instrument itself only and as to its form.	