

**CONTRACT DATA SHEET**

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

Contractor Information	
1. Legal Name of Contractor:	<u>Amanda Smart</u>
2. Address:	<u>3203 Eastbrook Boulevard</u>
3. City, State, & Zip:	<u>Jeffersonville, IN 47130</u>
4. Contact Person Name & Telephone Number:	<u>Amanda Smart 502-292-8643</u>
5. LeAP Supplier #:	_____
6. Revenue Commission Taxpayer ID#:	_____
7. Federal Tax ID # (SSN if sole proprietor):	_____

Department Information	
8. Requesting Department:	<u>Public Works and Assets</u>
9. Contact Person Name & Telephone:	<u>Rolf Eisinger 574-6473</u>

Contract Information	
10. Not to exceed amount:	<u>\$37,500</u>
11. Are expenses reimbursed?	<u>NO</u>
12. If yes list allowable expenses and maximum amount reimbursable:	_____
13. Beginning and ending date of the contract:	<u>1-10-2014 to 9-30-2015</u>
14. Coding:	_____
15. Funding Source	<u>National Highway Traffic Safety Administration Funding</u> Federal Funds <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
16. Scope & Purpose of the contract: The Consultant would be hired to implement the pedestrian education and enforcement strategies outlined in the National Highway Traffic Safety Administration Cooperative Agreement. These strategies include; Louisville's Safe Streets for Seniors Campaign, Pedestrian Decoy Campaign, and to ensure Jefferson County Public School students receive evidence based pedestrian education.	

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

Authorizations	
Department Director: <u>Vanessa Dale Burns</u>	Date: <u>9/16/14</u>
Department certifies:	
_____ Funds are available	
_____ Contractor is registered and in good standing with the Revenue Commission	
_____ Human Relations Commission registration requirements have been met	
_____ Contractor's status regarding Federal Debarment has been verified per Metro Procurement Policy Section VII - Federally Funded Contracts & Agreements	
<u>SR</u> Purchasing: Approval of Sole Source Designation	Date: <u>11-3-14</u>
<u>SR</u> Risk Management: Certifies Insurance requirements satisfied.	Date: <u>11-3-14</u>
<u>SR</u> County Attorney:	Date: <u>11-31-14</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.	