

EFFPP NK

University and Community College System of Nevada  
 Business Center North, Purchasing Department  
 Reno, Nevada 89557-0064  
 Office: (702) 784-6552 Fax: (702) 784-6017

**Purchase Order No.:**

93BPO191873

This order number must appear on all packages, invoices, shipping papers, and correspondence.

**SHIP TO:**

WESTERN NEVADA COMMUNITY COLL  
 2201 WEST NYE LANE  
 CARSON CITY NV 89703-7399

Date: 11-03-92 Page: 01  
 Confirming Purchase Order: YES  
 Required Delivery Date: - -

Payment Terms: NET 30 DAYS  
 FOB Terms: DESTINATION  
 Price Agreement No.:

**VENDOR:**

886000031  
 EAST FORK FIRE DISTRICT  
 P.O. BOX 218  
 MINDEN NV 89423

MAIL ORIGINAL AND DUPLICATE INVOICE TO:  
 WESTERN NEVADA COMMUNITY COLL  
 CONTROLLER'S OFFICE  
 2201 WEST NYE LANE  
 CARSON CITY NV 89703-7399

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
		INDEPENDENT CONTRACTOR TO PROVIDE FIRE SCIENCE COURSE INSTRUCTION FOR THE PERIOD JULY 1, 1992 THROUGH JUNE 30, 1993.  PLEASE REFERENCE THIS BPO NUMBER ON ALL RELATED INVOICES AND CORRESPONDENCE.		

FILED  
 NO. 92099  
 92 NOV-6 P352  
 BARBARA MITCHELL  
 CLERK  
 BY B. Smith DEPUTY

LN	FUND	AREA	ORGN	OBJT-SUB	JOB NUMBER	EXPENDITURE
01	9101	921	0000	43 01		1,560.00

TOTAL ORDER AMOUNT \$1,560.00

*Rose Bergman*

Buyer's Signature

Requisition Number: RQ 92100009052

292715

For additional information contact: ROSE BERGMAN

(702) 784-1641

**UNIVERSITY AND COMMUNITY COLLEGE SYSTEM OF NEVADA  
REQUEST TO RETAIN INDEPENDENT CONTRACTOR OR PERSONAL CONSULTANT SERVICES**

FOR ONE-TIME PAYMENTS TO GUEST SPEAKERS/LECTURERS, COMPLETE SHADED AREA ONLY.

<p>1. Recommended Service Provider                  Principal Representative <u>David Draw</u>                  Company Name <u>East Fork Fire District</u>                  Provider's Home Address <u>1190 High School Drive</u>  <u>Minden, NV 89423</u>                  Mailing Address <u>P.O. Box 218 - Minden, NV 89423</u>                  Phone <u>782-9040</u>  <input checked="" type="checkbox"/> Mail to address    <input type="checkbox"/> Pickup by Payee    <input type="checkbox"/> Pickup by Department</p>	<p>2. _____                  Employer ID or SSN _____</p> <p>3. Is the recommended service provider:                  Current or former employee of UNS?    <input type="checkbox"/> Yes*    <input type="checkbox"/> No                  Member of the same household as a                  UNS employee?    <input type="checkbox"/> Yes*    <input type="checkbox"/> No  <small>*If yes, see reverse.</small>                  Current U.S. Citizen?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>4. Describe the nature of the services or scope of work to be performed and how services will be provided. Attach copy of recommended service provider proposal if possible.  <u>Instruction for various Fire Science Courses</u></p>	
<p>5. a. Describe the payment schedule.    <input type="checkbox"/> Prepayment for services                  Attach any fee schedules.    <input checked="" type="checkbox"/> Payment on invoice (purchase order will be prepared by Purchasing if not a one-time payment.)                  b. Services are required for the period <u>July 1, 1992 to July</u> to <u>July 30, 1993</u>                  c. Contract Costs: \$1560.00                  \$ _____ Fee Quote (no. of days _____ Rate/day \$ _____)                  Other expenses (describe) _____                  \$ _____ Total Cost    \$ _____ Total to be paid immediately</p>	
<p>Division/Department <u>Academic Affairs - Applied Science And Technology</u>                  Account Number(s) to be charged <u>9101-921 - 0000 - 43 - 01</u>                  FUND--AREA - ORGN - OBJ - SOBJ</p>	
<p>Requested By: _____                  Authorized/Account Signature  <u>Roma R. P. _____</u>                  Dean/Director</p>	<p><u>10-15-92</u>                  Date  <u>10-22-92</u>                  Date</p>

FOR PAYMENTS TO INDIVIDUALS OTHER THAN GUEST SPEAKERS/LECTURERS OR FOR MULTIPLE PAYMENTS, COMPLETE THE FOLLOWING IN ADDITION TO THE SHADED AREA. SEE REVERSE FOR ADDITIONAL INFORMATION/INSTRUCTIONS.

6. Describe the extent to which services are subject to direction or control and who will supervise the services performed.  
East Fork Fire District will provide instructor - instructor will perform 100% of the service.
7. Describe the extent of training, guidance, and/or assistance that will be given to the service provider.  
Assistance in enrollment, payment of fees, advertising, grade reporting, and course requirements.
8. Does this arrangement contemplate continuing or recurring work? If yes, when?  
Yes, Classes will be held each semester.
9. Where will the services be performed?  
1190 High School Drive, or at facility designated by Fire District.
10. To what extent will UNS furnish equipment, tools, or supplies?  
UNS will provide standard supplies. If laboratory equipment or tools are required they will be purchased through the lab fee accounts.
11. Describe the selection process employed to secure the most qualified service provider available. Attach copies of all documents used in the evaluation process. The chief training officer will select the most qualified available instructor based upon (1) Fire service instructor certification, (2) Knowledge and background in subject, (3) Completion of Train-the-Trainer for the course if available.
12. Is the recommended service provider actively engaged in providing these or similar services to others? If yes, provide the names of three clients for whom similar services were or are being performed. These services are all provided within the fire district and on the fire district's behalf. Members of other public agencies may be attending. Not all students will be attending for credit.
13. Has the recommended service provider performed this or other services for UNS in the past? If yes, when?  
Yes, 1983-1989 (THCC)
14. If applicable, give name and position of any UNS employee or close relative who has a controlling interest in or relationship with the recommended service provider or organization.  
Some members of the Fire District will/have provided instruction for UNS fire science courses.
15. Document that the fee is appropriate considering the qualifications, normal charges, and the nature of the service to be performed.  
Normal Charge \$ 780.00 per course. Prevailing fee for same qualified consultant \$ \_\_\_\_\_  
 (If appropriate, attach list of competing consultant(s) and respective fee quotations.)

Approved By: _____ Personnel _____ Purchasing	_____ Date _____ Date
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**CERTIFIED COPY**

The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office.

DATE: 11-6-92

B. Reed 9th District Court  
of the State of Nevada, in and for the County of Douglas.

By Barbara Smith Deputy

**SEAL**

REQUESTED BY  
**DOUGLAS COUNTY**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'92 NOV -9 P12:22

SUZANNE BEAUDREAU  
RECORDER

**292715**

\$ 0 PAID KW DEPUTY

BOOK **1192** PAGE **1348**