Corrected Backup – Fixed NIFA Form E-144-19

SE: 1 d SI TOF GIOZ

Nassau County Interim Finance Authority

Contract Approval Request Form (As of January 1, 2015)

1. Vendor: Jacobs Project Management Co.	
2. Dollar amount requiring NIFA approval: \$1857101	
Amount to be encumbered: \$1857101	
This is a New	
If new contract - \$ amount should be full amount of contra If advisement - NIFA only needs to review if it is increasing If amendment - \$ amount should be full amount of amend	ng funds above the amount previously approved by NIFA
3. Contract Term: 29 months from date of execution Has work or services on this contract commenced? N	
If yes, please explain:	
4. Funding Source:	
General Fund (GEN) Gran X Capital Improvement Fund (CAP) Other	nt Fund (GRT) Federal % 90 State % 0 County % 10
Is the cash available for the full amount of the contract?	N
If not, will it require a future borrowing?	Υ
Has the County Legislature approved the borrowing?	Υ
Has NIFA approved the borrowing for this contract?	N
5. Provide a brief description (4 to 5 sentences) of the	e item for which this approval is requested:
The project is required for the reduction of nitrogen in the Bay Park plathe proposed Sidestream Treatment Facility at the Bay Park Sewage compounds in the BPSTP effluent. This Nitrogen Reduction facility is of future State nitrogen limits. This contract will provide for teh construtiventy-nine (29) months.	ant effluent. The Department intends to procure Construction Management services f Treatment Plant. This facility will reduce the concentration of nitrogen containing part of the County's plan for facility upgrades for nitrogen removal in anticipatio iction Management staff for the project during the construction period of approximate
6. Has the item requested herein followed all proper	procedures and thereby approved by the:
Nassau County Attorney as to form Y	
Nassau County Committee and/or Legislature	
Date of approval(s) and citation to the resolution	where approval for this item was provided:

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

Contract ID	Date	Amount

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AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approv al Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberation s.

CNOLAN 15-MAY-19

Authenticated User Date

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

_I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

I certify that the bonding for this contract has been approved by NIFA.

Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

Authenticated User Date

NIFA

Amount being approved by NIFA: _

Payment is not guaranteed for any work commenced prior to this approval.

Authenticated User Date

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS pri ntouts for all relevant accounts and relevant Nassau County Legislature communication documents and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review.

NIFA reserves the right to request additional information as needed.