



Administrative Form 3326
CONTRACT/DOCUMENT REVIEW – Exchange of Money

THIS TOP SECTION INCLUDING OBTAINING ALL REQUIRED (*) APPROVAL SIGNATURES IS TO BE COMPLETED BY THE INDIVIDUAL SUBMITTING FOR REVIEW

After completion of this TOP SECTION, email this form, the contract/document, any related documentation, and the completed Public Disclosure Form to the Purchasing Department via email to: purchasing@washoeschools.net

Today's Date: _____ Requested Completion of Review Date: _____

* Name & Title of Individual Submitting for Review: _____

School or Department Name: _____ Phone #: _____

Contract/Document Title: _____

*** Description of Services (required) with name of Vendor/Contractor and other important information:**

WCSD Requestor (Employee) Public Disclosure Form (PUR-F210(A) attached) required completed and signed): _____

Contract Amount: \$ _____ Contract Term Dates: _____ to _____

Board of Trustees Meeting Date for Award (if applicable): _____

Budget Account # to be Charged or "SAF" for Student Activity Fund: _____

*** REQUIRED APPROVAL SIGNATURES (ONLY CERTIFIED DIGITAL SIGNATURES WILL BE ACCEPTED)**

Principal (for schools) or Department Head (for depts): _____

Other Dept. (if applicable) (i.e. Curriculum, Assessment, etc.): _____

Associate Chief (required for schools): _____

Chief Officer (required for departments): _____

Chief IT Officer (if applicable for software license agreements): _____

THIS BOTTOM SECTION TO BE COMPLETED BY THE PURCHASING DEPARTMENT

Purchasing Staff Assigned for Review: _____ Date Assigned: _____

Business Office or Grants Dept. Approval (Funding Confirmed): _____

Is Vendor/Contractor insurance required? Yes _____ No _____ Is WCSD insurance required? Yes _____ No _____

Purchasing's Comments/Concerns:

Approved: ____v____ Date: _____ Director of Procurement and Contracts:

TO BE COMPLETED BY THE OFFICE OF THE GENERAL COUNSEL OR GRANTS LEGAL COUNSEL

Is a Parent/Guardian Consent Waiver required? Yes _____ No _____

Counsel's Comments/Concerns:

Approved as to Form: _____ Date: _____ *Re-Draft Required: _____ Date Re-Draft Approved: _____

** If a re-draft is required, a revised contract must be re-submitted for approval.*

General Counsel or Grants Legal Counsel:

**WASHOE COUNTY SCHOOL DISTRICT PUBLIC DISCLOSURE FORM
WCSD REQUESTOR (EMPLOYEE)**

THIS IS A REQUIRED FORM TO BE COMPLETED, SIGNED, AND SUBMITTED BY THE WCSD REQUESTOR (EMPLOYEE)

WCSD REQUESTOR (EMPLOYEE) FIRST/LAST NAME: _____

I understand that per NRS 281A.020, a public office is a public trust and shall be held for the sole benefit of the people, and a public officer or employee must commit themselves to avoid conflicts between the private interests of the public officer or employee and those of the general public whom the public officer or employee serves.

Furthermore, I understand that pursuant to Washoe County School District (WCSD) Board of Trustees Policy 4505 and per NRS 281A.400, WCSD employees (as public officers) shall not seek and/or accept any gift, work/service, favor, employment, engagement, emolument, and/or economic opportunity, including, but not limited to, unlawful compensation, salary, retainer, augmentation, expense allowance, commission, personal profit, pecuniary interest in the course of performing WCSD duties. In addition, WCSD employees (as public officers) shall not use their positions to secure and/or grant unwarranted privileges, preferences, exemptions, and/or advantages for the public officer or employee with any business entity.

By signing this form, I certify and acknowledge that I am a WCSD employee and/or a public officer of WCSD and that failure to disclose all facts relative to a conflict and/or potential conflict of interest (ethical standards) concerning the specific solicitation, project, and/or contract to which the VENDOR/CONTRACTOR named above is submitting to WCSD may result in a rejection of said solicitation, project and/or contract submission and/or termination of any resulting contract should the above-named VENDOR/CONTRACTOR be selected and/or awarded. Furthermore, I certify and acknowledge that failure to disclose the existence of a conflict and/or potential conflict of interest may result in disciplinary action, up to and including termination.

By signing this form, I also certify that I have completed the following and have provided true and accurate information to the best of my knowledge:

- A. I certify that I have **NO** private pecuniary or financial interest in either the VENDOR/CONTRACTOR or the INDEPENDENT CONTRACT AGREEMENT. ☐ **AGREE** ☐ **DISAGREE**

If you DISAGREE and cannot certify, then please explain:

- B. I certify that, to the best of my knowledge, **NO** current or former WCSD employees, officers, or trustees have a private pecuniary or financial interest in the VENDOR/CONTRACTOR or the awarding of the INDEPENDENT CONTRACT AGREEMENT.

☐ **AGREE** ☐ **DISAGREE**

If you DISAGREE and cannot certify, then please explain:

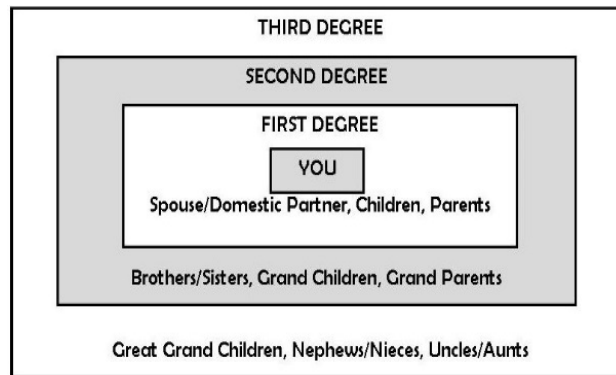
- C. I certify that my family members, to the third degree of consanguinity (refer to the chart below), **DO NOT** have a private pecuniary or financial interest in the VENDOR/CONTRACTOR or the awarding of the INDEPENDENT CONTRACT AGREEMENT.

☐ **AGREE** ☐ **DISAGREE**

If you DISAGREE and cannot certify, then please explain:

SIGNATURE: _____

DATE: _____



SUPERVISOR OF WCSD REQUESTOR (EMPLOYEE) FIRST/LAST NAME: _____

I understand that pursuant to WCSD Board of Trustees Policy 4505 and per NRS 281A.400, WCSD employees (as public officers) shall not seek and/or accept any gift, work/service, favor, employment, engagement, emolument, and/or economic opportunity, including, but not limited to, unlawful compensation, salary, retainer, augmentation, expense allowance, commission, personal profit, pecuniary interest in the course of performing WCSD duties. In addition, WCSD employees (as public officers) shall not attempt to benefit a significant personal or pecuniary interest of the public officer or employee or any person to whom the public officer or employee has a commitment in a private capacity through the influence of a subordinate. By signing this form, I certify and acknowledge that I am the direct supervisor of the WCSD employee and/or a public officer of WCSD submitting this request and that I, and my family members to the third degree of consanguinity, have no significant personal or pecuniary interest in either the VENDOR/CONTRACTOR or the INDEPENDENT CONTRACT AGREEMENT submitted by my subordinate employee.

SIGNATURE OF SUPERVISOR: _____

DATE: _____