

DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

Date: October 26, 2022

Department: Fair & Expo

Contractor/Supplier/Consultant Name: Alliant Systems

Contractor Contact: Josh Rozell

Contractor Phone #: 503- 680-7336

Type of Document: Notice of Intent to Award Contract

Goods and/or Services: HVAC Systems Upgrade

Scope of Work: Alliant Systems to replace existing/failed HVAC controls throughout the Deschutes County Fair & Expo campus. Alliant Systems will also upgrade on site equipment to higher efficiency systems including VFD units.

Background & History: The HVAC controls systems at Deschutes County Fair & Expo have reached the end of its serviceable life and has failed. This project has been identified for replacement as part of the FY 2023 Fair & Expo Department capital maintenance plan.

Attached Documents:

- Notice of Intent to Award Contract
- OAR 137-047-0610 Notice of Intent to Award Rule
- Bidders List

Agreement Starting Date: November 10, 2021
9, 2023

Ending Date: November

Annual Value or Total Payment: \$283,200

☐ Insurance Certificate Received (check box)
Insurance Expiration Date:

Check all that apply:

X RFP, Solicitation or Bid Process

☐ Informal quotes (<\$150K)

☐ Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget? X Yes ☐ No

If **No**, has budget amendment been submitted? ☐ Yes ☐ No

Is this a Grant Agreement providing revenue to the County? ☐ Yes ☒ No

Special conditions attached to this grant:

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter: ☐ Yes ☐ No

Contact information for the person responsible for grant compliance:

Name:

Phone #:

Departmental Contact and Title: Geoff Hinds Phone #: 541-419-5820

Department Director Approval: _____
Signature Date

Distribution of Document: Who gets the original document and/or copies after it has been signed? Include complete information if the document is to be mailed.

Official Review:

County Signature Required (check one):

X BOCC (if \$150,000 or more) – BOARD AGENDA Item

☐ County Administrator (if \$25,000 but under \$150,000)

☐ Department Director - Health (if under \$50,000)

☐ Department Head/Director (if under \$25,000)

Legal Review _____ Date _____

Document Number