



Central Consolidated School District

Administration Complex

PO Box 1199, Shiprock, NM 87420

US Hwy 64 Old High School Rd

Business Office · 505-598-5834/598-9684 · Fax 598-6626

Personnel · 505-598-1018/368-4963 · Fax 598-1019

Administration · 505-368-4984 · Fax 505-368-5232

EMERGENCY DETERMINATION FORM

The emergency procurement method (NMSA 1978, Section 13-1-127) may only be used when there exists a threat to public health, welfare, safety or property requiring procurement under emergency conditions. The existence of the emergency condition creates an immediate and serious need for services, construction or items of tangible personal property that cannot be met through normal procurement methods and the lack of which would seriously threaten:

1. the functioning of government;
2. the preservation or protection of property; or
3. the health or safety of any person.

I. Name of Department or School: **Transportation Department**

Contact Person: **Kathy Smiley**

Telephone Number: **505-368-5744**

Fax Number: **505-368-5754**

Email Address: **smilk@centralschools.org**

II. Name of Prospective Contractor: **Hinojosa Auto & Truck Repair**

Address of Contractor: **Gila Bend, Arizona**

City, State, ZIP Code:

Telephone No.: **(623) 810-9864**

Fax Number: **(623) 518-5059**

Amount of prospective contract: **\$ 240.00**

Term of prospective contract: **Road Service 24 hours Tire Shop**

III. Please thoroughly list the services (scope of work), construction or items of tangible personal property of the contract:

Called for Roadside assistance - \$100.00

Mileage charges - \$35.00

Coolant hose repaired 2 1/2" hose - \$30.00

coolant hose burst (cracked line) bus over heated

IV. Provide an explanation for the justification of the procurement including a description of the practicable competition utilized. (Describe how you procured the services.)

April 7, 2019 Activity Bus# 720 enroute back from Activity trip had to call for Roadside assistance, the company Hinojosa Auto & Truck Repair replaced the Coolant hose, payment was made with the Bank Of America Credit Card.

CERTIFIED BY:

Cynthia Theobald
Requestor

4/11/19
Date

DEPARTMENT OR SCHOOL APPROVAL

Candice Simpson
Principal or Site Administrator

4.11.19
Date

CHIEF PROCUREMENT OFFICER APPROVAL

Cheryl
Chief Procurement Officer Signature

4.11.19
Date

DISTRICT SUPERINTENDENT APPROVAL

Superintendent of Schools Signature

Date

720

WHEELS AUTO & TIRE REPAIR

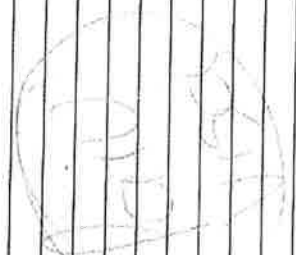
24 Hours Road Service
TIRE SHOP

MATERIAL ALTERATIONS, REPAIRS, LUBES, FLUSHES, RECOMMENDATIONS

CITY, PART NO., NAME OF PART, QUANTITY, WARRANTY YR, PRICE

623 810-9664 (623) 518-5059

Gila Bend, AZ



TOTAL PARTS

MECHANICS RECOMMENDATIONS

Estimated cost \$ _____ Estir ate Charge _____ Beels for Charge _____

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE, INCLUDING A COMPLETION DATE, IF MY FINAL BILL WILL EXCEED \$100. (\$50 in MD)

I REQUEST A WRITTEN ESTIMATE. THE FINAL BILL MAY NOT EXCEED THIS ESTIMATE WITHOUT MY WRITTEN APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____ THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

I DO NOT REQUEST A WRITTEN ESTIMATE.

*Checked lines apply (Preparer must check at least one):

— This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal.
— This amount includes a charge of \$ _____ which is required under _____ law.

NAME: Vertical Concepts Ltd PHONE: _____
 ADDRESS: PO Box 1199
 CITY, STATE, ZIP: Phoenix AZ 85001
 2ND AUTHORIZED NAME: _____ PHONE: 87420

CUSTOMER'S INFORMATION

RECEIVED (DATE & TIME) A.M. P.M. CUSTOMER'S ORDER NO. PROMISED (DATE & TIME) A.M. P.M.
 YEAR • MAKE • MODEL SERIAL #/VIN
 LICENSE NO. ODOMETER MOTOR #
 WRITTEN BY: Kyle K...
 LUBE OIL CHANGE FLUSH TRANS. FLUSH DIFF. WASH POLISH
CHARGE FOR HAZARDOUS OR OTHER WASTE REMOVAL *

METHOD OF PAYMENT:
 CHECK CHARGE CASH
 LABOR: FLAT RATE HOURLY BOTH
 RETAIN PARTS DESTROY PARTS
 AUTHORIZED BY: _____

Daily Storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

LABOR ONLY
 PARTS
 ACCESSORIES
 GAS, OIL & GREASE
 MISC. MERCHANDISE
 SUBLET REPAIRS
 STORAGE FEE
 TAX
TOTAL ▶

You are notified by law to the return of all parts replaced, except those for which there is a core charge, unless you agree otherwise by initialing the following: _____ for not desire the return of any of the parts that are replaced during the authorized repairs.

Estimate good for 30 days. Not responsible for damage caused by theft, fire, or acts of nature. I authorize the above repair along with any necessary materials I authorize you and your employees to operate my vehicle for the purpose of testing, inspection, and delivery at my risk. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of the repairs thereto. If I cancel repairs prior to their completion for any reason, a tear-down and reassembly fee of \$ _____ will be applied.

SIGNED _____ DATE _____
 623 810-9664 518-5059
 38-11