SUPPLEMENTAL NO. 4
TO PROFESSIONAL ENGINEERING SERVICES CONTRACT FOR
SPECIAL IMPROVEMENT DISTRICT No. 151 – SUMMERLIN MESA
HARRIS & ASSOCIATES

THIS SUPPLEMENTAL CONTRACT, made and entered into this 2nd day of October 2018, between Clark County, Nevada, a political subdivision of the State of Nevada, hereinafter referred to as “COUNTY” and HARRIS & ASSOCIATES, a corporation authorized to do business under the laws of the State of Nevada, hereinafter referred to as “ENGINEER”.

WITNESSETH

WHEREAS, on September 6, 2005, the COUNTY and the ENGINEER entered into a CONTRACT for professional engineering services in connection with the Project; and,

WHEREAS, on October 6, 2009, the COUNTY and the ENGINEER entered into Supplemental No. 1 to the assessment engineering services contract; and,

WHEREAS, on January 22, 2013, the COUNTY and the ENGINEER entered into Supplemental No. 2 to the assessment engineering services contract; and,

WHEREAS, on October 6, 2015, the COUNTY and the ENGINEER entered into Supplemental No. 3 to the assessment engineering services contract extending and modifying the term of the contract for three (3) years in order to continue assessment engineering services being provided by the ENGINEER; and,

WHEREAS, the COUNTY now desires to extend and modify the term of the contract to the estimated time of completion of the Special Improvement District for three (3) years in order to continue assessment engineering services being provided by the ENGINEER.

NOW, THEREFORE, in consideration of the premises and terms contained here, the parties mutually agree to this Supplement No. 4 to the Professional Engineering Services Contract dated September 6, 2005, as follows:

ARTICLE IV

4.01— TIME OF PERFORMANCE shall be changed to read as follows:

The ENGINEER shall complete the tasks identified in the Work Order request, within the time periods specified by the Director.

The time and performance of the Tasks as set forth in Article II of this Contract are as follows:

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
<th>Task Duration and Completion Date</th>
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</thead>
<tbody>
<tr>
<td>Task 3</td>
<td>Annual ENGINEER’s Report</td>
<td>Due annually on the date that is twelve (12) months from the date the Clark County</td>
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Board of County Commissioners adopts the Ordinance forming the District.

Task 4 through 8
- Construction Plan Review.
- Contract Change Review.
- Assessment Reapportionment.
- Audit Report.
- Inspection Materials Testing.

Task 4 through 8 are ongoing and shall extend through the term of this Contract and any extension thereof.

Subject to the limits set forth in subsection 9.11 hereof, the ENGINEER shall perform the services requested by the Director as set forth in this CONTRACT through October 2, 2021.

The remainder of the CONTRACT dated September 6, 2005, remains unchanged.

IN WITNESS WHEREOF, the parties have executed this CONTRACT as of the date herein above set forth.

CLARK COUNTY, NEVADA

BY: ________________________________
YOLANDA KING
County Manager

HARRIS & ASSOCIATES.

BY: ________________________________
DENNIS KLINSELHOFER
Director, Public Finance

APPROVED AS TO FORM:

BY: ________________________________
LAURA REH FeldT
Deputy District Attorney

ATTEST:

BY: ________________________________
LYNN MARIE GOYA
County Clerk
## Disclosure of Ownership/Principals

**Business Entity Type (Please select one):**
- Sole Proprietorship
- Partnership
- Limited Liability Company
- Corporation
- Trust
- Non-Profit Organization
- Other

**Business Designation Group (Please select all that apply):**
- MBE
- WBE
- SBE
- PBE
- VET
- DVET
- ESB
- Minority Business Enterprise
- Women-Owned Business Enterprise
- Small Business Enterprise
- Physically Challenged Business Enterprise
- Veteran Owned Business
- Disabled Veteran Owned Business
- Emerging Small Business

**Number of Clark County Nevada Residents Employed:** 0

**Corporate/Business Entity Name:** Harris & Associates, Inc.

*(Include d.b.a., if applicable)*

**Street Address:** 1401 Willow Pass Road, Suite 500

**City, State and Zip Code:** Concord, CA 94520

**Telephone No.:** 925-827-4900

**Nevada Local Street Address:** 3651 Lindell Rd, Suite D605

**City, State and Zip Code:** Las Vegas, NV 89103

**Local Telephone No.:** 702-597-9410

**Website:** www.weareharris.com

**POC Name:**

**Email:**

**Fax No.:**

**Local POC Name:**

**Email:**

**All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.**

**Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).**

**Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.**

### Full Name | Title | % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
--- | --- | ---
Employee Stock Ownership Trust (ESOP) |  | 100%

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

- [ ] Yes
- [x] No

1. **Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?**
   - [ ] Yes
   - [x] No
   *(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)*

2. **Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law, brother, sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?**
   - [ ] Yes
   - [x] No
   *(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)*

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

```
Karen Freeman
Print Name

Signature

Director of Finance

Title

Date

REVISIED 7/25/2014
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DISCLOSURE OF RELATIONSHIP

List any disclosures below:
(Mark N/A, if not applicable.)

<table>
<thead>
<tr>
<th>NAME OF BUSINESS OWNER/PRINCIPAL</th>
<th>NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE</th>
<th>RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL</th>
<th>COUNTY* EMPLOYEE’S/OFFICIAL’S DEPARTMENT</th>
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* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For County Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No  Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No  Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

__________________________
Signature

__________________________
Print Name
Authorized Department Representative