

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: _____

Name: _____

Dept. Contact: _____

Address: _____

Phone: _____

Phone: _____

Department _____

Head Signature: Yvonne Kollings 11/30/20

Org Code: _____

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: _____

Service Requested: _____

Description: _____

Contract Term: _____ Contract Value: _____ \$1,000,000

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 12/03/2020 By: Paula Frantz

Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE RETURN BY EMAIL hhsa-contracts@edcgov.us Thank you!