

CONTRACT ROUTING SHEET

Date Prepared: August 22, 2017

Need Date: September 5, 2017

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Mollie Purcell
Phone #: X5106
Department _____
Head Signature: _____

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Ordinance 2.14.010 Review Legistar # 17-0830 8/29/17
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: [Signature] Disapproved: _____ Date: [Signature] By: 8/25/17
Approved: _____ Disapproved: _____ Date: _____ By: _____

conditions see chapter
changes incorporated w/ 8/25/17

COLORADO COUNTY COUNSEL
AUG 23 AM 11:10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! **RISK APPROVAL NOT REQUIRED**

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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