

CONTRACT ROUTING SHEET

Date Prepared: 10/23/19

Need Date: 11/05/19

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Jennifer Franich
Phone #: X7539
Department Head Signature: *JF*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: n/a

Service Requested: Review agreement. Please see comments and questions on draft. Please contact me with feedback.

Contract Term: 10 years Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 12/19/19 By: *P. Livingston*
Approved: _____ Disapproved: _____ Date: _____ By: _____

- SEE PREVIOUSLY PROVIDED SUGGESTED REVISIONS
- SUBJECT TO FINAL APPROVAL OF ANY FURTHER MODIFICATIONS

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOUs 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: _____

2019-0539