CONTRACT ROUTING SHEET
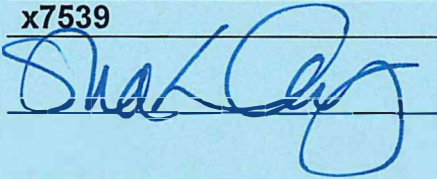
Contract #: _____

Date Prepared: 04/25/2017

Need Date: 05/01/2017

PROCESSING DEPARTMENT:
Department: **CAO**
Dept. Contact: **S Corley/J Franich**
Phone #: **x7539**
Department
Head Signature:

CONTRACTOR:
Name: _____
Address: _____
_____
Phone: _____

CONTRACTING DEPARTMENT: **Fair Association**
Service Requested: **insurance and claims reimbursment contract amendment**
Contract Term: **10 years**   Contract/Amendment Value: _____
Compliance with Human Resources requirements?   Yes: ☐   No: ☐
Compliance verified by: **n/a**

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ☑   Disapproved: ☐   Date: 4/27/17   By: _____
Approved: ☐   Disapproved: ☐   Date: _____   By: _____

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: _____

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