

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: _____

Dept. Contact: _____

Phone: _____

Department Head Signature: _____

Jon Devilla

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

Org Code: _____

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT:

Service Requested: _____

Description: _____

Contract Term: _____ Contract Value: _____

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

Approved: x Disapproved: _____ Date: 5/26/2020 By: SLM

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

Approved by Stephen Mansell, Sr. Deputy County Counsel

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!