

CONTRACT ROUTING SHEET

Date Prepared: 8/29/19

Need Date: 9/6/19

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 MOU changes and resolution for adoption.

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: Disapproved: _____ Date: 9/19/19 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

9/19/19 e-mail to Jennifer

*9/20/19 L-mails to Jennifer
T/C with Jennifer*

Add the EDC signature page

*Authority to execute Agmt should be included
in the Agenda item i.e. approve reso? Authority execution
of agmt.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: _____



BY: _____