Agreement # _____

Legistar # 20-1119

AGREEMENT
CONTRACT ROUTING SHEET

Date Prepared: 08/24/2020

Need Date: 08/25/2020

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Laura Schwartz
Phone: x 6541
Department Head Signature: Laura Schwartz Digitally signed by Laura Schwartz Date: 2020.08.24 15:38:54 -07'00'

CONTRACTOR:

Name:
Address:
Phone:

Org Code:
Project # (if applicable):

Funding Source:

CONTRACTING DEPARTMENT: Chief Administrative Office
Service Requested: Resolution Review
Description: Resolution granting CAO authority to sign COVID contracts and bring back to BOS for ratificaiton
Contract Term: Contract Value:

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

Approved:	✔	Disapproved:		Date:	08/25/2020	By:	Paula Frantz Digitally signed by Paula Frantz Date: 2020.08.25 14:06:21 -07'00'
Approved:		Disapproved:		Date:		By:	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!