

Agreement # \_\_\_\_\_

Legistar # 21-1323

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: RUSH

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: \_\_\_\_\_

Name: Address: Cellebrite

Dept. Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Department \_\_\_\_\_

Org Code: \_\_\_\_\_

Head Signature: \_\_\_\_\_

Project # \_\_\_\_\_

(if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** \_\_\_\_\_

Service Requested: \_\_\_\_\_

Description: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: SLM

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [cao-contracts-newrequests@edcgov.us](mailto:cao-contracts-newrequests@edcgov.us) Thank you!**