

# CONTRACT ROUTING SHEET

Date Prepared: <sup>17</sup>11/12/2010

Need Date: <sup>30</sup>11/29/2010

## PROCESSING DEPARTMENT:

Department: Board of Supervisors  
 Dept. Contact: Heather Pence  
 Phone #: 621-5854

Department  
 Head Signature: 

## CONTRACTOR:

Name: Municipal Code Corporation  
 Address: P.O. Box 2235  
 Tallahassee, FL 32316  
 Phone: 800-262-2633

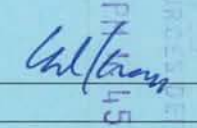
## CONTRACTING DEPARTMENT: Board of Supervisors

Service Requested: Codification Services

Contract Term: Perpetual Contract Value: \$18,550/yr 1 – approx  
 \$1,000/yr 2+

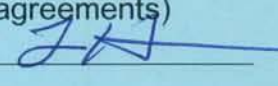
Compliance with Human Resources requirements? Yes: ☒ No: ☐  
 Compliance verified by: \_\_\_\_\_

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

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 11-23-10 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

## RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 11/24/10 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: \_\_\_\_\_