Agreement # _____

Legistar # <u>20-1506</u>

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	11/05/2020	Need Date: 11/11/2	020
PROCESSING DEPARTMENT:		CONTRACTOR:	
Department: Dept. Contact: Phone: Department Head Signature:	Board of Supervisors	Name:	
	Kim Dawson x5393	Address:	
	Kim Dawson Digitally signed by Kim Dawson Date: 2020.11.05 16:52:46	Phone:	
	Kim Dawson	Org Code: Project #	
		(if applicable):	
		Funding Source:	
Description: Addir	DEPARTMENT: Board of Supervise ed: Review amended Resolution and Exhibiting and additional Board meeting date (December	t A (calendar) per 1, 2020)	
Contract Term:		_ Contract Value:	
COUNTY COUNS Approved:	SEL: (Must approve all contrac Disapproved: Disapproved:	ts and MOU's) Date: Date:	By: David A. Livingston Details vigned by David A. Livingston Details 2020/11/20 10:09:41-00100 By:

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW