

CONTRACT ROUTING SHEET

Date Prepared: 1/5/20

Need Date: 1/8/20

PROCESSING DEPARTMENT:

Department: CAO – Parks & Rec

Dept. Contact: Vickie Sanders

Phone #: X7538

Department: _____

Head Signature: *Vickie Sanders*

CONTRACTOR:

Name: State Off-Highway Motor Vehicle Recreation Division

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: CAO – Parks & Recreation

Service Requested: Review Resolution for OHV Grants

Contract Term: _____ Contract Value: _____

Compliance with Human Resources requirements? Yes: _____ No: x

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 1/7/2021 By: *JDS*

Approved: _____ Disapproved: _____ Date: _____ By: _____

See email.

EDC COUNTY COUNSEL
2021 JAN 6 AM 9:44

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: _____