

Grant Agmt # _____

Legistar # _____

GRANT AGREEMENT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: _____
Dept. Contact: _____
Phone: _____
Department _____
Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____
Org Code: _____
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: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: N/A - Grant Agreement

RISK MANAGEMENT: N/A - Grant Agreement

PLEASE EMAIL monica.smithcamp@edcgov.us ONCE COMPLETED. Thank you!