

CONTRACT APPROVAL FORM

(Contract Management Use only)

**CONTRACT
TRACKING NO.**

CONTRACTOR INFORMATION

Name: _____

Address: _____
City State Zip

Contractor's Administrator Name: _____ Title: _____

Tel#: _____ Fax: _____ Email: _____

CONTRACT INFORMATION

Contract Name: _____ Contract Value: _____

Brief Description: _____

Contract Dates : From: _____ to: _____ Status: ____ New ____ Renew ____ Amend# ____ WA/Task Order

How Procured: ____ Sole Source ____ Single Source ____ ITB ____ RFP ____ RFQ ____ Coop. ____ Other _____

If Processing an Amendment:

Contract #: _____ Increase Amount of Existing Contract: _____

New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

1. _____
Department Head Signature Date Submitting Department
2. _____
Procurement Date Funding Source/Acct #
3. _____
Office of Management & Budget Date
4. _____
County Attorney/Contract Management Date

Comments: _____

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

Taco Pope

Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

Original: Clerk's Services; Contractor (original or certified copy)
Copy: Department
Procurement
Office of Management & Budget
County Attorney/Contract Management
Clerk Finance