

CONTRACT ROUTING CONTROL SHEET

Routing Order: (1) Department Director, (2) Purchasing and Contract Manager (3) Legal,
(4) Risk Manager, (5) Vendor for Signature (6) Finance Director, (7) Town Clerk, (8) Town Council/Town Manager

EVERY SECTION MUST BE COMPLETED

DEPARTMENT: T	
Department Contact Person for Contract: Erika Sacco Extension: _____	
Contractor/Vendor Name and address: ConvergeOne Inc. 10900 Nesbitt Ave S. Bloomington, MN 55437	
Contractor/Vendor Phone: Contractor/Vendor Contact Person: Carrie Tish CTish@convergeone.com	
Purpose of Contract: Upgrade & Migrate Phone Services Town Wide	
Amount: \$151,788.00 Budget Code: PO 2023-941	
Type of Contract: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Amendment Exhibits/Attachments included: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A	
Department Director's Signature: Erika Sacco <small>Digitally signed by Erika Sacco Date: 2023.04.06 13:28:51 -0400</small> Date: 4/6/2023	
All Contracts should be sent to the Purchasing and Contract Manager (Steve Maynard). Steve will determine whether the contract will need to go to the Legal Department for review or not.	
LEGAL	
Reviewed by: Chris Welch Date: 04/11/2023	
Comments: changes were accepted by contractor; council approval required for 3 year term	
<input checked="" type="checkbox"/> Town Council approval required <input type="checkbox"/> Town Manager authorized to approve	
<input type="checkbox"/> N/A – Purchasing and Contract Manager to forward	
<input type="checkbox"/> Other Approvals required/permitted:	
RISK MANAGER	
Reviewed by and approved: _____ Date: _____	
<input type="checkbox"/> N/A – Purchasing and Contract Manager to forward	
<input type="checkbox"/> Insurance specifications meet requirements.	
<input type="checkbox"/> Insurance specifications have been revised.	
<input type="checkbox"/> A pre-project safety review between the contractor and contracting department is required.	
Return to Department Contact Person to have contract signed by Contractor prior to forwarding to Finance Director Obtain a copy of Certificate of Insurance that includes the proper coverage and shows the Town as an additional insured	
FINANCE DIRECTOR	
<input type="checkbox"/> Sufficient funds are available in the proper category to pay for this expenditure.	
<input type="checkbox"/> This contract is conditioned upon appropriation by the Town Council of sufficient funds.	
<input type="checkbox"/> A budget amendment is necessary before this agreement is approved.	
<input type="checkbox"/> A budget amendment is attached as required for approval of this agreement.	
Finance Director: _____ Date: ____/____/20__	
TOWN CLERK	
Date Received: ____/____/20__ Signed by Contractor: <input type="checkbox"/> YES <input type="checkbox"/> NO--Return to Department	
Council Action Required:– forward to Town Manager Agenda Date: ____/____/20__	
Approved by Council: <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOWN MANAGER	
This document has been reviewed and approval is recommended by the Town Manager: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Town Manager: _____ Date: ____/____/20__	
After approval and signatures, contract will be sent to the Purchasing and Contracts Manager who will return it to the Department Contact Person for Department to administer.	
Scan signed contract to Department contracts folder (include Routing Sheet and copy of Certificate of Insurance)	