

# 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

<b>DEPARTMENT: Public Works &amp; Transportation</b>	
Department Contact Person for Contract: <u>Patrick Lechner</u> Extension: <u>3534</u>	
Contractor/Vendor Name and address: <u>FESS Fire Protection, 131 International Drive (PO Box 1307), Morrisville, NC 27560</u>	
Contractor/Vendor Phone: <u>Contractor/Vendor Contact Person: Theresa Bailey 919.663.0400</u>	
Purpose of Contract: <u>To inspect and make repairs to the sprinkler system in the Town owned facilities as needed</u>	
Amount: <u>Various</u> Budget Code: <u>Various</u>	
Type of Contract: <input type="checkbox"/> New <input checked="" type="checkbox"/> Renew <input type="checkbox"/> Amendment Exhibits/Attachments included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
Department Director's Signature: <u>Jose F. Martinez III</u> Date: <u>8-6-20</u>	
<b>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.</b>	
<b>LEGAL</b>	
Reviewed by: _____ Date: _____	
Comments: _____	
<input 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: _____	
<b>RISK MANAGER</b>	
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.	
<b>Return to Department Contact Person to have contract signed by Contractor prior to forwarding to Finance Director</b>	
<b>Obtain a copy of Certificate of Insurance that includes the proper coverage and shows the Town as an additional insured</b>	
<b>FINANCE DIRECTOR</b>	
<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__	
<b>TOWN CLERK</b>	
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	
<b>TOWN MANAGER</b>	
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)	