



# AGREEMENTS ROUTING FORM

Name of Organization: \_\_\_\_\_

Vendor ownership status: Minority owned \_\_\_\_\_ Woman owned \_\_\_\_\_ Veteran owned \_\_\_\_\_

Type of Agreement: New \_\_\_\_\_ Renewal \_\_\_\_\_ Amendment \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Board Meeting Date: \_\_\_\_\_

Cabinet Member: \_\_\_\_\_

Contact person and phone: \_\_\_\_\_

Cost (if applicable): \_\_\_\_\_ Budget code (if applicable): \_\_\_\_\_

Vision 2020 Strategy supporting this contract: \_\_\_\_\_

How is the program in line with best practices?

By signing below, I agree I have reviewed the agreement for accuracy (content, spelling, grammar) and approve the expenditure for the services outlined within:

Signature and Date

Administrator Submitting: If applicable, I have confirmed funds are available in the budget code listed above.  This contract has been filtered through the Racial Equity Analysis Protocol (REAP) YES _____ N/A _____	
Area Assistant Superintendent:	
Cabinet Member: The REAP Process has been reviewed. YES _____ N/A _____	
Route to Kevin Brown for approval:	