



PROFESSIONAL SERVICES CONTRACT ROUTING FORM

Contract name: _____

Vendor ownership status: Minority owned _____ Woman owned _____ Veteran owned _____

Board Meeting Date: _____ Contract Amount: \$ _____

Type of Contract: New _____ Amendment of current contract _____

JCPS contact person and phone: _____

School/Department budget code (Not grant name): _____

I have verified the above budget code contains enough funds to cover the cost of contract: Yes _____

This contract has been filtered through the Racial Equity Analysis Protocol (REAP): Yes _____

Rationale:

By signing below, I agree I have reviewed the contract for accuracy and approve the expenditure for the services outlined within:

Signature and Date

Administrator submitting:	
Area Assistant Superintendent:	
Cabinet Member: <i>REAP process has been reviewed</i> YES _____ N/A _____	
Route to General Counsel for approval: (GC will send to CFO's office)	