



City Contract Routing Form

City Contract #: _____
(To be assigned by the City Clerk's Office)

Section 1 – Attach Contract Documents

Is an insurance certificate attached?

(multiple files can be uploaded)

Yes

No

Comments: _____

Section 2 – Fill Out Contract Details

Date: _____ Department: _____ Division: _____ Mail Stop: _____

Project Administrator Name: _____ Extension: _____

Project Manager Name (if different than above): _____ Extension: _____

Contract Type: _____ If other, please indicate: _____

Contract Title: _____

Contractor/Consultant Name: _____

Contract Description: _____

Project ID #: _____ Budget/Account #: _____

Council Approval Date: _____ Council Agenda Memo #: _____ RFP/IFB/RFQ #: _____ NIGP #: _____

New Contract

Total Amount: _____ Annual Amount, if known (if contract is multi-year): _____

Start Date: _____ End Date: _____

Renewal Option (Y/N): ____ If yes, how many? _____

Amendment/Renewal/Change Order #: _____ Original CC #: _____

New Start Date: _____ New End Date: _____

Current Contract Amount (including all previous amendments/change orders): _____

Amount of this Amendment/Change Order (proposed increase/decrease): _____

New/Cumulative Contract Amount: _____

Section 3 – Route Contract for Signatures and Approvals

Department Director: _____ Date: _____ Comments: _____

TIS Director: _____ Date: _____ Comments: _____

City Attorney: _____ Date: _____ Comments: _____

Risk Manager: _____ Date: _____ Comments: _____

Mayor or Designee: _____ Date: _____ Comments: _____

City Clerk's Office: _____ Date: _____ Comments: _____

Purchasing: no signature required – for copy only

(For Purchasing Use Only) PO/PA #: _____

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<p>PROJECT TITLE</p>	<p>EXHIBITS <i>(List all attached exhibits - Scope of Work, Work Schedule, Payment Schedule, Renewal Options, etc.)</i></p>
<p>CONTRACTOR</p>	<p>CITY OF REDMOND PROJECT ADMINISTRATOR <i>(Name, address, phone #)</i></p> <p>City of Redmond</p>
<p>CONTRACTOR'S CONTACT INFORMATION <i>(Name, address, phone #)</i></p>	<p>BUDGET OR FUNDING SOURCE</p>
<p>CONTRACT COMPLETION DATE</p>	<p>MAXIMUM AMOUNT PAYABLE</p>



Amendment No. _____		Organization and Address	
Original Agreement Number		Phone:	
Project Number	Execution Date	Completion Date	
Project Title	New Maximum Amount Payable \$		
Description of Work			

The Local Agency of _____
 desires to amend the agreement entered into with _____
 and executed on _____ and identified as Agreement No. _____

All provisions in the basic agreement remain in effect except as expressly modified by this amendment.

The changes to the agreement are described as follows:

I

Exhibit A, SCOPE OF WORK, is hereby changed to read:

II

Exhibit B, WORK SCHEDULE, is amended to change the date for completion of the work to read:

III

Exhibit C, PAYMENT SCHEDULE, shall be amended as follows:

as set forth in the attached Exhibits, and by this reference made a part of this amendment.

If you concur with this amendment and agree to the changes as stated above, please sign in the appropriate spaces below and return to this office for final action.

By: _____

By: _____

 Consultant Signature

 Approving Authority Signature

 Date