

ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

Contract: _____ **Project No.:** 201900109
Project Description: Leave of Absence

Item Description:

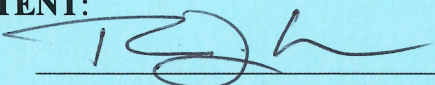
- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Professional Service Contract | <input type="checkbox"/> Amendment | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> BCD | <input type="checkbox"/> NYSDOT Agreement | <input type="checkbox"/> Contract Documents | <input type="checkbox"/> Addendum |
| <input type="checkbox"/> Recommendation for Award of Contract | <input type="checkbox"/> Recommendation to Reject Bids | | |
| <input type="checkbox"/> Request for Proposals | | | |
| <input type="checkbox"/> Other <u>Leave of Absence</u> | | | |

Action Requested:

- | | |
|---|--|
| <input type="checkbox"/> Board Authorization to Execute | <input type="checkbox"/> Legal Approval |
| <input type="checkbox"/> Board Authorization to Award | <input type="checkbox"/> Execution by the Chairman |
| <input type="checkbox"/> Board Authorization to Advertise for Bids | <input type="checkbox"/> Execution by the Secretary to the Authority |
| <input type="checkbox"/> Board Authorization to Solicit Request for Proposals | |
| <input type="checkbox"/> Other <u>Leave of Absence</u> | |

Approvals Needed:

APPROVED AS TO CONTENT:

- | | | |
|---|--|--------------|
| <input checked="" type="checkbox"/> Department Head |  | Date: 5/8/19 |
| <input type="checkbox"/> Risk Manager | _____ | Date: _____ |
| <input type="checkbox"/> Director of Administration | _____ | Date: _____ |
| <input type="checkbox"/> Executive Engineer | _____ | Date: _____ |

APPROVED AS TO FORM:

- | | | |
|--------------------------------|-------|-------------|
| <input type="checkbox"/> Legal | _____ | Date: _____ |
|--------------------------------|-------|-------------|

APPROVED FOR BOARD RESOLUTION:

- | | | |
|--|--|--------------|
| <input checked="" type="checkbox"/> Secretary to the Authority |  | Date: 5/8/19 |
|--|--|--------------|

Remarks: _____

Resolution Date:

Item No: