

Contract Review and Approval Form

Contract Title: _____

Funding Source: _____

Owner: _____

Reviewed by:

Interim Health Director	Peggy Porter	_____	_____
		Initial	Date

Chief Financial Officer	Nora Atienza	_____	_____
		Initial	Date

Legal Counsel (if applicable)	_____	_____	_____
	Signature or attach email		Date

Noncompetitive Justification: