## PROCUREMENT/CONTRACT/LEASE INTERNAL COORDINATION SHEET

Procurement/Contract/Lease N	umber: Tracking Number:
Procurement/Contractor/Lessee	e Name: Grant Funded: YES NO
Purpose:	
Date/Term:	
Department #:	2. ☐ GREATER THAN \$50,000
Account #:	3. ☐ \$50,000 OR LESS
Amount:	<u> </u>
Department:	_ Dept. Monitor Name:
Purchasing Review	
Procurement or Contract/Lease	requirements are met:
Purchasing Manager or designe	Date: e Jeff Hyde, DeRita Mason, Jesica Darr, Angela Etheridge
2CFR Compliance Review (if required)	
Approved as written:	Grant Name:
Grants Coordinator	Date: Gillian Gordon
Risk Management Review	
Approved as written:	
Risk Manager or designee	Date: Lisa Price
Nisk Manager of designee	
Approved as written:	County Attorney Review
County Attorney	Date: Lynn Hoshihara, Kerry Parsons or Designee
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Approved as written:	Department Funding Review
	Date:
IT Review (if applicable)	
Approved as written:	
	Date: