

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

**Contract:** \_\_\_\_\_ **Project No.:** \_\_\_\_\_  
**Project Description:** Appointment Sr. Associate Attorney  
Ethics Panel

**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 checked="" type="checkbox"/> Other <u>Appointment of Sr. Associate Attorney</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 checked="" type="checkbox"/> Other <u>Appointment of Sr. Associate Attorney</u> |  |

**Approvals Needed:**

**APPROVED AS TO CONTENT:**

- |   |       |             |
|---|-------|-------------|
| <input type="checkbox"/> Other (if applicable)      | _____ | Date: _____ |
| <input type="checkbox"/> Chief Operating Officer    | _____ | Date: _____ |
| <input type="checkbox"/> Executive Engineer         | _____ | Date: _____ |
| <input type="checkbox"/> Director of Administration | _____ | Date: _____ |
| <input type="checkbox"/> Risk Manager               | _____ | Date: _____ |
| <input type="checkbox"/> Chief Financial Officer    | _____ | Date: _____ |
| <input type="checkbox"/> Legal                      | _____ | Date: _____ |

**APPROVED FOR BOARD RESOLUTION:**

- |  |  |                       |
|--|--|-----------------------|
| <input checked="" type="checkbox"/> Secretary to the Authority | <u></u> | Date: <u>06/16/21</u> |
|--|--|-----------------------|

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_

**Resolution Date:** \_\_\_\_\_ **Item No:** \_\_\_\_\_