

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

**Contract:** \_\_\_\_\_ **Project No.:** \_\_\_\_\_  
**Project Description:** Creation of One Position of Senior Associate Attorney

**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>Creation of one (1) new position 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>Creation of one (1) new position 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 checked="" type="checkbox"/> Chief Financial Officer | <u>Karen A. Prudenpast</u> | Date: <u>04/21/2021</u> |
| <input checked="" type="checkbox"/> Legal                   | <u>Margaret A. Murphy</u>  | Date: <u>04/21/2021</u> |

**APPROVED FOR BOARD RESOLUTION:**

- |  |                    |                         |
|--|--------------------|-------------------------|
| <input checked="" type="checkbox"/> Secretary to the Authority | <u>[Signature]</u> | Date: <u>04/21/2021</u> |
|--|--------------------|-------------------------|

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

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