

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

Contract: _____	Project No.: _____
Project Description:	Termination Policy relating to the Termination of Employment with ECWA

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>Termination Policy relating to the Termination of Employment with ECWA</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>Termination Policy relating to the Termination of Employment with ECWA</u>	

Approvals Needed:

APPROVED AS TO CONTENT:

<input type="checkbox"/> Department Head	_____	Date: _____
<input type="checkbox"/> Risk Manager	_____	Date: _____
<input type="checkbox"/> Director of Administration	_____	Date: _____
<input type="checkbox"/> Executive Engineer	_____	Date: _____

APPROVED AS TO FORM:

<input checked="" type="checkbox"/> Legal	<u>Margaret A Murphy</u>	Date: <u>7/31/19</u>
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APPROVED FOR BOARD RESOLUTION:

<input checked="" type="checkbox"/> Secretary to the Authority	<u>[Signature]</u>	Date: <u>7/31/19</u>
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Remarks: Resolution drafted by General Counsel at the request of Chairman Schad.

Resolution Date: _____	Item No.: _____
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