

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

<b>Contract:</b> _____	<b>Project No.:</b> <u>List 2019-17</u>
<b>Project Description:</b>	<u>Master Purchase Order releases, Purchase Orders, and Amendments &amp; Master Purchase Order amendments</u>

**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>Approve MPO releases and POs</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>Approve purchases</u>	

**Approvals Needed:**

**APPROVED AS TO CONTENT:**

<input checked="" type="checkbox"/> Department Head	<u>Karen A Pendergast</u>	Date: <u>9/11/19</u>
<input type="checkbox"/> Risk Manager	_____	Date: _____
<input type="checkbox"/> Director of Administration	_____	Date: _____
<input type="checkbox"/> Executive Engineer	_____	Date: _____

**APPROVED AS TO FORM:**

<input type="checkbox"/> Legal	_____	Date: _____
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**APPROVED FOR BOARD RESOLUTION:**

<input checked="" type="checkbox"/> Secretary to the Authority	<u>Karen A Pendergast</u>	Date: <u>9/11/19</u>
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**Remarks:** \_\_\_\_\_

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<b>Resolution Date:</b> _____	<b>Item No.:</b> _____
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