

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

**Contract:** \_\_\_\_\_ **Project No.:** \_\_\_\_\_  
**Project Description:** Creation of Control Operator Crew Chief (Part-Time)

**Item Description:**



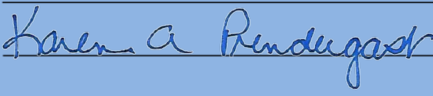
- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Agreement   | <input type="checkbox"/> Professional Service Contract | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> 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 Control Operator Crew Chief (Part-Time)</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 Control Operator Crew Chief (Part-Time)</u> |  |

**Approvals Needed:**

**APPROVED AS TO CONTENT:**

- |   |  |                         |
|---|--|-------------------------|
| <input checked="" type="checkbox"/> Secretary as Dept. Head |  | Date: <u>3/16/21</u>    |
| <input checked="" type="checkbox"/> Chief Operating Officer |   | Date: <u>3/16/2021</u>  |
| <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 |  | Date: <u>03/16/2021</u> |
| <input type="checkbox"/> Legal                              | _____  | Date: _____             |

**APPROVED FOR BOARD RESOLUTION:**

- |  |  |                         |
|--|--|-------------------------|
| <input checked="" type="checkbox"/> Secretary to the Authority |  | Date: <u>03/16/2021</u> |
|--|--|-------------------------|

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

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