

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

Contract: _____ **Project No.:** _____
Project Awarding of Personal Leave to Six ECWA Employees who
Description: Participate in the National Prescription Drug Take Back Day

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 Awarding of PL Leave to Employees for Participation in Drug Take Back Day | | | |

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 Awarding of PL Leave to Employees for Participation in Drug Take Back Day | |

Approvals Needed:

APPROVED AS TO CONTENT:

- | | | |
|---|-------|-------------|
| <input type="checkbox"/> Chief Operating Officer | _____ | Date: _____ |
| <input type="checkbox"/> Chief Financial Officer | _____ | Date: _____ |
| <input type="checkbox"/> Director of Administration | _____ | Date: _____ |
| <input type="checkbox"/> Sr. Distribution Engineer | _____ | Date: _____ |

APPROVED AS TO FORM AND SUBSTANCE:

- | | | |
|--------------------------------|-------|-------------|
| <input type="checkbox"/> Legal | _____ | Date: _____ |
|--------------------------------|-------|-------------|

APPROVED FOR BOARD RESOLUTION:

- | | | |
|--|--|---------------|
| <input checked="" type="checkbox"/> Secretary to the Authority |  | Date: 10/9/19 |
|--|--|---------------|

Remarks: Resolution Requested by the Governance Committee

Resolution
Date: _____

Item
No: _____