

Contract Request Form

Person Requesting: _____ **Unit:** _____

Contractor Name: _____

HHSA Contact Person: _____

Person Authorized to Sign for Contractor: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email: _____

Best Vendor Contact Person/Phone#: _____

Scope of Work: _____

Rates: _____

Has Fiscal been notified: Yes ____ No ____

Approved Maximum Amount: _____

Please note:

- If maximum amount is over \$50,000, then the contract must be approved by the Board of Supervisors, and in most cases, formal procurement is required.
- If amount is over \$500, three quotes must be obtained.
- Contracts are not required if the amount for services is under \$2,500.

Contract Term: _____
(Please note: Maximum term for any County contract is 3 years.)

Tax Identification Number: _____
(Please attach a W-9 if available)