



CONTRACT REVIEW FORM

Contract Details (to be completed by initiating department): _____

Contract between the City of Minot and [insert contracting party] _____

Purpose of Contract: _____

Total Contract Amount: _____

Contract Period/Term: _____

Legal Description (if applicable): _____

Funding Source: _____

Project Number: _____

City Staff Lead: _____

Time Constraints: _____

Initiating Department Comments: _____

Department Head/Assistant Department Head Signature: _____

*If requesting the City Attorney’s Office to prepare the Contract, please attach all relevant documentation or provide all relevant information that may be needed to prepare the Contract.

CITY ATTORNEY

City Attorney/Assistant City Attorney Signature: _____

Date: _____

FINANCE

Finance Director Signature: _____

Date: _____

CITY MANAGER

City Manager Signature: _____

Date: _____

After Review Route to: _____

Other Party to the Contract: Contract **MUST** be signed by other party before being added to the City Council Agenda for approval.

City Council Meeting Date(s): _____

Approved by City Council
Date: _____

Rejected by City Council
Date: _____
Reason: _____

Signed by Mayor
Date: _____

Signed by City Clerk or Finance Director
Date: _____

After signatures, route to initiating department to for contract management and compliance.

***After signatures, Copy of Executed Contract MUST be Forwarded to City Clerk’s Office**

Tracking/Additional Information/Internal Comments: