

EL PASO COUNTY CONTRACT DATA FORM
ATTACH TO FRONT OF ALL CONTRACTS SUBMITTED TO
COMMISSIONERS COURT FOR APPROVAL

ALL INFORMATION BLANKS MUST BE FILLED IN. IF ANY FIELDS ARE NOT
APPLICABLE ENTER N/A.

Date: _____ Department: _____

Contract No.: KK- _____ Date Submitted for CA Review: ** _____

Sponsor/Administrator of Contract: _____

Purpose of Contract/Subject Matter: _____

Funding Source: County: _____ Grant: _____ Other: _____

Other Party(ies) to Contract: _____

Contract Price: _____ Bid No.: _____ Date Bid Awarded: _____

Significant Terms/Administrative Milestones:

1. Beginning Date: _____ Ending Date: _____

2. Bond Requirements:

(a) Type of Bond: Bid _____ Performance _____ Payment _____

(b) Amount: _____ (c) Copy of Bond Provided: _____

(d) Review by Risk Manger: Signature _____ Date _____

3. Insurance Requirements:

(a) Duty to Insure: County _____ Other Party _____ (b) Proof of Ins Provided: _____

(c) Type of Ins.: _____ (d) Amount: _____

(e) Review by Risk Manager: Signature _____ Date _____

4. Audit Requirements: _____

5. Notice of Renewal Date: _____

7. Other: _____

8. Account Name and No. for Payment: _____

9. Date Contract on Agenda for Approval by Commissioner's Court: _____

DEPARTMENT HEAD/ELECTED OFFICIAL ACTION

**APPROVED AS TO CONTENT/ACKNOWLEDGEMENT OF DUTY TO ADMINISTER ALL
TERMS AND CONDITIONS: ***

**The undersigned hereby certifies that they have read the contract and understand and
approve the contract terms except as noted and further certify that the contract conforms to the bid
specifications, if any, and acknowledges that they are responsible for administering all terms and
conditions of the contract.**

Department Head/Elected Official

Date

* Responsibility for Payments/Collections: The sponsor may make arrangements with the County Auditor to make/collect periodic payments pursuant to the contract. However, it is the responsibility of the sponsor to coordinate such an arrangement with the Auditor.