(Insert Office/Department Name)

MONTGOMERY COUNTY PUBLIC SCHOOLS

Rockville, Maryland

Date

MEMORANDUM

To: (Insert Appropriate Name) (Requesting Office - Chief of OSSWB, Chief Academic Officer, Chief Strategic Initiatives, Chief of District Operations, Chief of Human Resources and Development)

From: (Insert Appropriate Name), (Requesting Office - Associate Superintendent)

Subject: Request for Signature of Agreement for (Contract/RFP Name)

The purpose of this memorandum is to request your signature on the attached (Professional/Contractual Service/Memorandum of Understanding Agreement) between Montgomery County Public Schools (MCPS) and the (vendor/company name). The purpose of the agreement with (insert vendor/company name) is to (enter reason) during (enter school year). The contract will not exceed (enter amount).

Upon your review and approval, please forward the attached documents to the next office for approval/signature. Once the document has been signed, please return to (insert requesting office name).

XXX:xxx

Attachments

Copy to:

 Appropriate Staff

 General Counsel Designee

 Procurement Designee

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ms. Leslie Turner Percival, Office of the General Counsel

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mr. Robert Reilly, Associate Superintendent, Office of Finance