(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). MCPS is not responsible for any costs for the deliverables, products, and/or services to be provided under this Agreement.

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