	Board Item
	_Board Meeting Date
*Form	Consultant Contract

CONTRACT REVIEW CHECKLIST

ol Board Policy:
Comments YES
YES
Comments *
*
Risk Management should review and approve all insurance clauses.
*
N/A
The Labor Relations Department should review any issues.
N/A
FL
Comments
Please refer to section 6.
Please refer to section 6.
Comments
None
*
None
_
ed to the appropriate District staff and/or Division Chief. YES NO D By: Attorney (Name and Date)