

RESPONSIBLE DEPARTMENT:\_\_\_\_\_

## MORGAN COUNTY INTERGOVERNMENTAL AGREEMENT ROUTING FORM

Originating Department:\_\_\_\_\_

Funding Source:\_\_\_\_\_

Purpose of IGA:\_\_\_\_\_

Amount of IGA:\_\_\_\_\_

Term of IGA:\_\_\_\_\_

### Approved as to Content

\_\_\_\_\_  
(Elected Official or Department Head)

Date:

**Administrative Services Department**

\_\_\_\_\_  
(Administrative Services Manager)

Date:

**County Attorney Approval** - Required For All New IGA

\_\_\_\_\_  
(County Attorney or Assistant County Attorney)

Date Approved:

**Finance Department** – Approved Availability of Funds

\_\_\_\_\_  
(Finance Director/Acct Dept. Head)

Date:

**Board of County Commissioners**

\_\_\_\_\_  
(Chair)

Date approved:

Distribution after approval:

**BOARD OF COUNTY COMMISSIONERS: 1 Original**

**Finance Department: 1 copy and routing form**

**Originating Department: 1 copy and routing form**

Distributed:\_\_\_\_\_

Administrative Services Manager

Date Distributed:\_\_\_\_\_