

Contract #: N/A  
Index Code: \_\_\_\_\_

# CONTRACT ROUTING SHEET

Date Prepared: 4/4/18 Need Date: 4/5/18

**PROCESSING DEPARTMENT:**  
Department: Health & Human Svcs Agency  
Dept. Contact: Kathryn Lang  
Phone #: X7147  
Department  
Head Signature: *Patricia Charles-Heathers*  
Patricia Charles-Heathers, Ph.D., M.P.A., Director

**CONTRACTOR:**  
Name: Resolution - BH Commission  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency  
Service Requested: Resolution approving revision of MH Commission Bylaws / name change  
Contract Term: N/A Contract/Grant Value: \$ 0.00  
Compliance with Human Resources requirements? N/A xx Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: X Disapproved: \_\_\_\_\_ Date: 4/4/18 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).  
**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.  
Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please contact \_\_\_\_\_ with questions or for contract packet pick-up. Thank you!

Chief Fiscal Officer: *n/a* Date: \_\_\_\_\_

Deputy Director, Administration and Contracts: *n/a* Date: \_\_\_\_\_

A/P or A/R Mgr Approval: \_\_\_\_\_  
Initials/Date

Contracts ASO Approval: *[Signature]*, 4/3/18  
Initials/Date