

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/14/2020

Need Date: 08/24/2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvonne Kollings

Name: N/A
Address: _____
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Child Welfare Services

Service Requested: Review of Transitional Housing Program Resolution

Description: Resolution that allows the HHSA Director to sign the Transitional Housing Program Acceptance Forms - Round 2

Contract Term: N/a Contract Value: \$ 0.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 08/26/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____

~~HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW~~

~~RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW~~

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!