

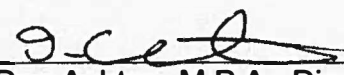
Resubmitted 11-17-14

Contract #: 125-M1510  
Index Code: n/a

# CONTRACT ROUTING SHEET


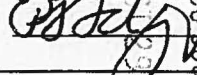
Resubm IT 11/14/14  
Date Prepared: 10/27/14

Need Date: 11/28/14  
11/17/14

**PROCESSING DEPARTMENT:**  
Department: HHS/Social Services  
Dept. Contact: Sharon Keoppel  
Phone #: Ext. 4811  
Department Head Signature:   
Don Ashton, M.P.A., Director

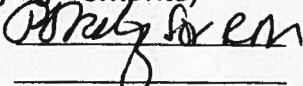
**CONTRACTOR:**  
Name: Multi Agency MOU  
Address: Foster Youth Human Trafficking MOU  
Phone:

**CONTRACTING DEPARTMENT:** HHS/Social Services  
Service Requested: Foster Youth Human Trafficking MOU  
Contract Term: Upon execution-auto yearly renewal  
Contract/Grant Value: 0  
Compliance with Human Resources requirements? N/A Yes No  
Compliance verified by:

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: \_\_\_\_\_ Disapproved: X Date: 10/20/14 By:   
Approved: X Disapproved: \_\_\_\_\_ Date: 11/24/14 By:   
*See comments.*

*1/2 signature limits revised by Raymond Dixon, concurred by Sue H., P+C.*

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: X Disapproved: \_\_\_\_\_ Date: 11/24/14 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 (Sharon Keoppel x 4811) with questions or for contract packet pick-up. Thank you!**

CFO Review \_\_\_\_\_ Date \_\_\_\_\_ Program Manager II, Administration and Contracts \_\_\_\_\_ Date 10/27/14

