Purchasing Contract No: Index Code:

n/a Resolution 401111

CONTRACT ROUTING SHEET

Date Prepared:	7/20/12	_ Need Dat	e: <u>8/3/</u>	7
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature.	EPARTMENT: HHSA / Public Health Kathy Lang X7147 Author Mackey Common Daniel Nielson, M.P.A., Direct	CONTRA Name: Address: Phone:	HHSA / Public Healt	te A
Service Requeste Contract Term: No Compliance with I	DEPARTMENT: Health and d: Resolution to increase implot applicable Human Resources requiremented by: Feasibility Analysis at	nprest cash accoun Conts? Yes		pecified
COUNTY COUNS Approved: Approved: Approved:	Disapproved: Disapproved: Disapproved:	Date: He Commo	By: By: By: C	ALOGRAPO COUNTY COUNSEL 10: 23 AM 10: 23
RISK MANAGEM Approved: Approved:	ENT: (All contracts and MOUDISAPPROVED: Disapproved:	J's except boilerpla Date: Date:	te grant funding agree By: By:	ements)
N	ot a contract – Resolution do	es not require Risk	Management review.	
OTHER APPROV Departments:	AL: (Specify department(s)	Carata di Parini	ctly affected by this c	ontract).
Approved:	Disapproved: Disapproved:	Date:	By: By:	
St 7.19.12	96 8K	7/20/12		