

# RUSH!


Contract #: Reso-12082015  
Index Code: 450000

## CONTRACT ROUTING SHEET

Date Prepared: 12/8/15

Need Date: 12/10/15

**PROCESSING DEPARTMENT:**

Department: HHSA/Social Services  
Division  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department  
Head Signature:   
Don Ashton, M.P.A., Director


**CONTRACTOR:**

Name: Personnel Allocation Resolution  
Template  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA/Social Services Division

Service Requested: Template for Personnel Allocation Resolutions  
Contract Term: \_\_\_\_\_ Contract/Grant Value: N/A  
Compliance with Human Resources requirements? N/A Yes x No: \_\_\_\_\_  
Compliance verified by: Reviewed/updated by M. Strella 12/7/15

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

Approved: X Disapproved: \_\_\_\_\_ Date: 12/9/15 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*This Resolution has been updated since the previously approved template. Respectfully requesting County Counsel review and approve this Resolution for content and format, for use in future Personnel Allocation adjustments.*

DEKADDO COUNTY COUNSEL  
DEC-18 AM 11:00

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_


Does not Require Review by Risk Management

**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: \_\_\_\_\_

 12/8/15  
CFO Review Date

 12/8/15  
Deputy Director, Administration and Contracts Date