

Contract #

Index Code: 418400, 418600, 418720

CONTRACT ROUTING SHEET

Date Prepared:	8/10/16	Need Date:	8/11/16	
PROCESSING D Department: Dept. Contact: Phone #: Department	HHSA/Admin & Finance	CONTRACTOR Name: N/A Address: Phone:		
Head Signature:	Don Ashton, M.P.A., Director			-
	DEPARTMENT: HHSA/Administ		Division	
Contract Term:	ed: Fee Study Resolution – Menta	Contract/Grant	Value: N/A	
Compliance with	Human Resources requirements? ied by:	N/Ax_ Y	es No:	
COUNTY COUN	SEL: (Must approve all contracts a	and MOU's)	- 000	
Approved:	Disapproved: Disapproved:	Date: <u>8//0/14</u>	By: 1	
Approved:	Disapproved:	Date:′	By:	9
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RISK MANAGEN	MENT: (All contracts and MOU's ex	cent hoilerplate grar	nt funding agreeme	
Approved:		Date:	By:	g-max.
Approved:	Disapproved:	Date:	By:	
	Does not require review b	y Risk Managemen	f	
NOTE: Any contrac electronic information related, especially the	VAL: (Specify department(s) partice that involves the development, installation, the acquisition of software or computences that involve computers and telecompaphies to any other contract that requires	n, implementation, storin er related items, or any munications, must be ap	g, retrieving, transfer, of other service/item that proved by IT before su	or sending of t may be IT
Approved:	Disapproved:	Date:	By:	
Approved:		Date:	By:	
How will	alto Bliolie	Commence of the commence of th	- 8/10/1	6
CEO PEVEN	Date	Deputy Director, Administra	ition and Contracts	Date

Rev. 12/2000 (GS-GVP)