


Contract #: Consumer Sentinel Confidentiality Agreement

CONTRACT ROUTING SHEET

Date Prepared: 5/22/06

Need Date: 6/6/06

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Jasara Bento
Phone #: 7312
Department
Head Signature: 
John Litwinovich

CONTRACTOR:


Name: Consumer Sentinel
Address: _____
Phone: (202) 326-3484

CONTRACTING DEPARTMENT:

General Services

Service Requested: Consumer Sentinel database access
Contract Term: n/a Contract Value: none.
Compliance with Human Resources requirements? Yes: n/a No: _____
Compliance verified by: _____

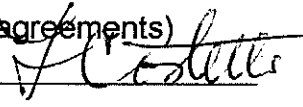
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 6/7/06 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

** CONDITIONAL APPROVAL: PENDING TO COUNTY COUNCIL. NO PROVISION
RESPECTING THE COUNTY'S CONTRACT ADMINISTRATION.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/9/06 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

JUN 07 2006

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____