Agreement # ___N/A_____

# RESOLUTION ROUTING SHEET

BOS Date ~~2/25/20~~ 3/10/20

**Date Prepared:** February 20, 2020 **Need Date:** February 20, 2020

**PROCESSING DEPARTMENT:**
Department: CAO
Dept. Contact: Mollie Purcell
Phone: X5106
Department Head Signature:

**CONTRACTOR:**
Name: N/A
Address: N/A
Phone: N/A
Org Code: N/A
Project String: N/A

**CONTRACTING DEPARTMENT:** CAO
Service Requested: Review ReConnect Grant Resolution
Contract Term: N/A Contract Value: N/A

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)
Approved: ✓ Disapproved: _____ Date: 2/20/20 By: JDS
Approved: _____ Disapproved: _____ Date: _____ By: _____

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

EDC COUNTY COUNSEL
2020 FEB 20 PM 1:44

**PLEASE CALL x_____ FOR PICK-UP…THANKS!**