

Contract #: 012-M1511
Index Code: 404121

CONTRACT ROUTING SHEET

Date Prepared: 2/25/14

Need Date: 2/28/14

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health

Dept. Contact: Kathy Lang

Phone #: X7147

Department

Head Signature: 

Don Ashton, M.P.A., Director

CONTRACTOR:

Name: Letter of Support for Grant Application – Drug Free Divide

Address:

Phone:

CONTRACTING DEPARTMENT: HHSA/Mental Health

Service Requested: No Service – ltr of commitment for grant application

Contract Term: 9/30/14 – perpetual Contract/Grant Value: \$0

Compliance with Human Resources requirements? N/A XX Yes No:

Compliance verified by: Operational Agmt with Public Health Nursing

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

Approved: X Disapproved: Date: 2/25/14 By: 

Approved: Disapproved: Date: By:

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

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Does not require Risk Management review.

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:

 2/27/14
Contracts Supe Review/Date

Program Mgr. Review/Date


Contracts Mgr. Review/Date

 2/27/14
CFO Review/Date