

CONTRACT ROUTING SHEET

Date Prepared: 11/7/11

Need Date: 11/16/11

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Ren Scammon
Phone #: Ext. 4852
Department: HCED
Head Signature: [Signature]

CONTRACTOR:

Name: [Redacted]
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Housing, Community and Economic Development Programs

Service Requested: Resolution

Contract Term: _____ Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11-15-11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Resolutions do not require Risk Management. Please call C.J. Freeland for Pick Up when approved.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

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