

**RUSH!**

# CONTRACT ROUTING SHEET

Date Prepared: 3/12/20

Need Date: 3/16/20

**PROCESSING DEPARTMENT:**

Department: Health & Human Svcs  
Dept. Contact: Lisa Konyecsni  
Phone: 6901  
Department Signature: *Kathryn D. Johnson*

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Org Code: \_\_\_\_\_

Auditor/Controller Notified  N/A under \$100,000

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Resolution Authorizing the Housing Navigators Program

Contract Term: N/A Contract Value: N/A

Contract Type:  Expenditure Agreement or Amendment  
 Non-Financial Agreement or Amendment  
 Revenue Agreement or Amendment

**EDC COUNTY COUNSEL**  
2020 MAR 12 AM 11:28

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

Approved: X Disapproved: \_\_\_\_\_ Date: 3/17/2020 By: *P. Pataj*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**HR APPROVAL: N/A**

Approval will occur in FENIX → Please return to HHSA

Approval will occur outside FENIX → Please route to Human Resources

Compliance with Human Resources requirements? Yes \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT: N/A**

Approval will occur in FENIX → Please return to HHSA

Approval will occur outside FENIX → Please route to Risk Management

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL: N/A** {or insert Dept here}

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**PLEASE EMAIL HHSA\_CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!**