Contract #:

Revised Resolution – Master T-House Lease

Index Code:

CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	July 22, 2015	
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/Mental Health Laura K. Walny Ext. 7118 Don Ashton, M.P.A., Director	CONTRACTO Name: Va Address: Phone:	DR: irious	
Service Requeste	DEPARTMENT: HHSA/Mental Hed: Boilerplate Agreement for Mental Revised	al Health Transit	`	s –
Contract Term: _A Compliance with F Compliance verifie	luman Resources requirements?	N/A	ant Value: \$ 0.00 Yes No	
Approved: X		d MOU's) ate: 7/17/15 ate:	*	ADO OUNTY COUNSEL
RISK MANAGEM Approved: Approved:	Disapproved: D			ents)
NOTE: Any contract electronic information related, especially the	AL: (Specify department(s) particip that involves the development, installation, the acquisition of software or computer use that involve computers and telecommunication.	implementation, stored related items, or a unications, must be	oring, retrieving, transfer any other service/item the approved by IT before	່, or sending ດໍ່ nat may be l
Departments:		ate:ate:	By: By:	
Please cont CFO Review Rev. 12/2000 (GS-GVP)	act (Laura K. Walny x7118) with question		packet pick-up. Thank //Finance 14-0509 2A 1	you! Of Pate