

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 11/18/2021

Need Date: 12/03/2021

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Nita Wracker, CPA
Digitally signed by Nita Wracker, CPA
Date: 2021.12.07 11:19:50 -08'00'
Nita Wracker, MBA CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____
Org Code: 5310100
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HHSA - Behavioral Health Division

Service Requested: Review of New Use of PHF Boilerplate and Board Resolution accepting and authorizing it

Description: Boilerplate needs updating for use with contracting with other counties to use our PHF & Board Resolution

Contract Term: N/A Contract Value: \$0

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

Approved: Disapproved: Date: 12/06/2021 By: _____
Approved: Disapproved: Date: 01/04/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.01.04 12:36:39 -11'00'

APPROVED BY SENIOR DEPUTY COUNTY COUNSEL PAULA FRANTZ ON 12/06/2021

RESUBMITTED: 12/22/21 - NEED BY 01/06/2022

HR APPROVAL: N/A

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 12/07/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.12.07 12:24:48 -08'00'
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: _____