

# CONTRACT ROUTING SHEET

Date Prepared: 10/12/11

Need Date: ASAP for 10/25 BOS

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Ren Scammon  
Phone #: 4852  
Department  
Head Signature: *[Signature]*

**CONTRACTOR:**

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

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Resolution Review and Approval  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10-13-11 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolution authorizing submittal of an application for funding under the Continuum of Care Homeless Assistance Programs Supportive Housing Program allocation for Fiscal Year 2011/12 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto. (attached are (1) approved 2009 resolution, (2) redline version of 2009 resolution with 2011 revisions; 2009 blue route; revised 2011 resolution.)

**For 10/25 BOS**

*\* please change signature line on Reso to Board of Commissioners of PHA*

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

Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

2011 OCT 13 AM 11:12  
COUNTY COUNSEL

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

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