

CONTRACT ROUTING SHEET

Date Prepared: 4/22/11

Need Date: 4/28/11

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Ren Scammon
Phone #: x. 4852
Department: HCED Programs
Head Signature: [Signature]
Daniel Nielson, M.P.A.,
Director

CONTRACTOR:

Name: _____
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: 5-5-11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Resolution authorizing submittal of an application for funding under the Community Development Block Grant Planning and Technical Assistance Economic Development Allocation and General Allocation for Fiscal Year 2010-11 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto.,

2011 APR 25 PM 1:11
COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT

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

Approved: Disapproved: _____ Date: 5/9/11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE CALL C.J. FREELAND AT EXT. 4863 WHEN READY FOR PICK UP

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

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