

Contract #: Boilerplate OJT Contract  
Index Code: 831182

# CONTRACT ROUTING SHEET

Date Prepared: 11-25-13

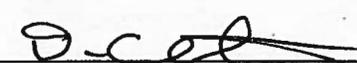
Need Date: 1/31/14 Htw

**PROCESSING DEPARTMENT:**

Department: HHSA/CS  
Dept. Contact: DeAnn Osborn  
Phone #: X7118

**CONTRACTOR:**

Name: Various  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

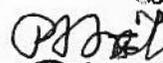
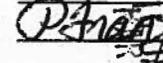
Department Head Signature:   
Don Ashton, M.P.A.,  
Interim Director

**CONTRACTING DEPARTMENT:** HHSA/Community Services (WIA)

Service Requested: Agency Agreement for Workforce Investment Act On-the-Job Training Client Placements

Contract Term: Up to twelve months Contract/Grant Value: Up to \$8,000  
Compliance with Human Resources requirements? N/A Yes \_\_\_\_\_ No: N/A  
Compliance verified by: \_\_\_\_\_

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

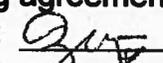
Approved: X Disapproved: \_\_\_\_\_ Date: 1/30/14 By:   
Approved: X Disapproved: \_\_\_\_\_ Date: 3/4/14 By: 

See comments

2/20/14 Corrections made Htw

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 1/31/2014 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

NO insurance provisions - nothing for Risk to approve

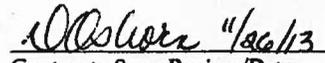
**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

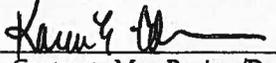
**Departments:**

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

Please contact DeAnn Osborn x7118 with questions or for packet pick up. Thank you!

  
Contracts Supe Review/Date

Program Mgr. Review/Date

  
Contracts Mgr. Review/Date

  
CFO Review/Date 12/3/13