

# CONTRACT ROUTING SHEET

Date Prepared: 6/9/11

Need Date: 6/23/11

**PROCESSING DEPARTMENT:**

Department: Human Services

**CONTRACTOR:**

Name: Shirley N. Johnson life insurance policy and/or annuity with RiverSource Life Insurance Company

Dept. Contact: Amy Higdon

Address: \_\_\_\_\_

Phone #: x4836

Phone: \_\_\_\_\_

Department \_\_\_\_\_

Head Signature: *Daniel Nielson*  
Daniel Nielson, Director

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Resolution to accept beneficial interest from Shirley N. Johnson life insurance policy and delegate signature authority to the DHS Director.

Contract Term: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_

Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-13-11 By: *[Signature]*

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7-18-11 By: *[Signature]*

*\* As Amended*

ELDER DEPARTMENT OF COUNTY CLERK  
2011 JUN 10 11:10 AM

Please contact Amy Higdon at x4836 for pick up. Thanks!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/16/11 By: *[Signature]*

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

Risk Management approval not required

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

Departments: \_\_\_\_\_

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

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