NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	05-17-2019 06-05-20 9	Need Date:	06-14-2019
PROCESSING DEPARTMENT:		CONTRACTOR:	
Department:	Health & Human Svcs	Name:	CSA 3 Benefit Assessment
Dept. Contact:	Zhana Mc Cullough	Address:	Resolution - FY 2019-2020
Phone:	Ext. 7154		
Department Head Signature:	2 July S	Phone:	
	Don Semon, Director	Org Code:	5450
☐ Audito	or/Controller Notified		
CONTRACTING I	DEPARTMENT: Health and Hu	uman Services A	Agency
Service Requeste	d: Resolution for annual benefit	t assessment fe	e on improved parcels in SLT.
Contract Term: F	iscal Year 2019-2020	Contract Value:	\$0
Approved:X Approved:X	SEL: (Must approve all contracts Disapproved: Disapproved:	and MOU's) Date: 6/12/ Date:	By: Potals By: Donate County C
HR APPROVAL:	WILL BE REVIEWED THROUGH	H WORKFLOW	

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW