

Agreement # N/A

Legistar # 22-0718

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/28/2022

Need Date: 04/28/2022

**PROCESSING DEPARTMENT:**

Department: HSA - Contracts

Dept. Contact: Ashley Wells

Phone: x6906

Department Head Signature: Kimberly McAdams, Acting CFO

Digitally signed by Kimberly McAdams, Acting CFO  
Date: 2022.04.28 09:27:19 -07'00'  
Kimberly McAdams  
Acting Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: LIHWAP Director Signature Authority Resolution

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

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

Org Code: 5210100

Project #  
(if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Community Services

Service Requested: Resolution

Description: Director Signature Authority Resolution

Contract Term: 04/01/22 - 08/31/23 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 05/02/2022 By: Paula Frantz

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

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**HR APPROVAL:** ~~WILL BE REVIEWED THROUGH WORKFLOW~~

**RISK MANAGEMENT:** ~~WILL BE REVIEWED THROUGH WORKFLOW~~