

CONTRACT ROUTING SHEET

Date Prepared: 03-26-2020

Need Date: 04-08-2020

PROCESSING DEPARTMENT:

Department: Health and Human Services
Dept. Contact: Zhana Mc Cullough
Phone: 7154
Department Signature: *Yvonne Hollings*

CONTRACTOR:

Name: Health and Human Services
Address: Resolution for the further amended PHA Administrative Plan
Phone: Plan
Org Code: 5280

Auditor/Controller Notified N/A - Resolution

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review of resolution for further amendment of the Public Housing Authority Administrative Plan

Contract Term: 07/01/2019 – 06/30/2020 Contract Value: \$0

Contract Type: Expenditure Agreement or Amendment
 Non-Financial Agreement or Amendment
 Revenue Agreement or Amendment

EDC COUNTY COUNSEL
2020 MAR 26 AM 10:50

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

Approved: X Disapproved: _____ Date: 3/31/2020 By: *PS*
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: N/A

Approval will occur in FENIX → **Please return to HHSA**

Approval will occur outside FENIX → Please route to Human Resources

Compliance with Human Resources requirements? Yes _____ No: _____

Compliance verified by: _____

RISK MANAGEMENT: N/A

Approval will occur in FENIX → **Please return to HHSA**

Approval will occur outside FENIX → Please route to Risk Management

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

OTHER APPROVAL: N/A

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

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