

# CONTRACT ROUTING SHEET

Date Prepared: 10-27-10

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department Head Signature: *Shirley I. C. Hodgson*

**CONTRACTOR:**

Name: MOU between DHS Public Housing Authority and DHS

Address: Child Protective Services for Housing and Urban Development (HUD) program

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

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: HUD FY 2010-11 Family Unification funding for the Family Unification Program

Contract Term: Perpetual Contract Value: \$0.00

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

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

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10-28-10 By: *Shirley Hodgson*

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11-9-10 By: *Shirley Hodgson*

*\* As Amended*

EL DONAOS COUNTY COUNSEL  
2010 OCT 28 AM 8:50

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/28/10 By: *Shirley Hodgson*

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

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

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

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

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