


# CONTRACT ROUTING SHEET

Date Prepared: September 26<sup>th</sup>, 2017

Need Date: ASAP—for 10/10 BOS #17-1077

**PROCESSING DEPARTMENT:**

Department: Information Technologies  
Dept. Contact: David Russell  
Phone #: X5575  
Department  
Head Signature: 

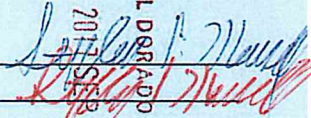
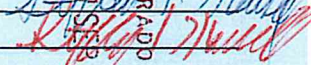
**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT: IT**

Service Requested: Review Personnel Resolution for Add/Delete  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: Mike Strella

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

Approved: ✓\* Disapproved: \_\_\_\_\_ Date: 9/28/17 By:   
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/2/17 By: 

EL DER/ADD COUNTY COUNSEL  
2017 SEP 26 PM : 27

\* With attached changes

Changes incorporated 9/28/17 msp

10/2/17 Additional clarifications approved.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! **\*NOT REQUIRED\***

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

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

PLEASE CALL MOLLIE PURCELL @ X5106 WHEN READY

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ PICKUP  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_