## CDBG Grant Application #: Resolution CONTRACT ROUTING SHEET

Date Prepared:	07/23/2009	Need Date: ASA	P
PROCESSING DEPARTMENT:		CONTRACTOR:	
Department:	Human Services	Name:	
Dept. Contact:	Shawna Purvines	Address:	
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Department	1.0111	Phone:	2
Head Signature:	and Meton		009
	Daniel Nielson, Director		JU AD
CONTRACTING	DEPARTMENT: Hum	nan Services	<ul><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li><li>№</li>&lt;</ul>
	d: Resolution Review and App		
Contract Term:		Contract Value:	₹ ₹
Compliance with I	Human Resources requirements	? Yes: N/A	No: 😛 💈
Compliance verific			£ X
COUNTY COUNS	SEL (Must approve all contracts	and MOLUA	
Approved:	<b>SEL:</b> (Must approve all contracts Disapproved:	Date: 7-24-25	By: all has
Approved:	Disapproved:	Date:	By:
Approved.	Disappioved.	Date.	_ оу
Resolution author	izing submittal of an application	for funding under the Con	nmunity Development
	am Economic Development Plai		
	ice of Funding Availability and e		
any amendments			
Resolution requi	res County Counsel review and	approval - initials confirm	approval.
S			81
	ENT: (All contracts and MOU's		unding agreements
Approved:	Disapproved:	_ Date:	By:
Approved:	Disapproved:	_ Date:	_ By:
			70-
N/A			<b>3</b> 5 5
			<u> </u>
OTHER APPROV	AL: (Specify department(s) par	ticinating or directly affect	ed by this contract)
Departments:	AL. (Openity department(s) par	noipaining of diffectly affect	ca by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
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