

CONTRACT ROUTING SHEET

Date Prepared: 12-16-2019

Need Date: 12-30-2019

PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Lisa Konyecsni

Phone: 6901

Department Head Signature: 

Don Semon, Director

CONTRACTOR:

Name: None

Address: _____

Phone: _____

Org Code: _____

Auditor/Controller Notified

NA - Template

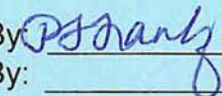
EDC COUNTY COUNSEL
2019 DEC 16 PM 2:17

CONTRACTING DEPARTMENT: HHSA - Behavioral Health Division

Service Requested: Short-Term Residential Treatment Program Services

Contract Term: NTE 90 Days Contract Value: NTE \$10,000

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

Approved: X Disapproved: _____ Date: 12/27/19 By: 

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


HR APPROVAL:

Compliance with Human Resources requirements? Yes No: _____

Compliance verified by:  12/30/19 Lauren Montalvo

HR/RM DEC 27 '19

RISK MANAGEMENT: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: ✓ Disapproved: _____ Date: 30 Dec 2019 By: 

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

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

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

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

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