Contract #:

Senior Day Care

Resolution

Index Code: _

531160

CONTRACT ROUTING SHEET

Date Prepared:	7/12/13	Need Date:	PLEASE RUSH - ASAP
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/CS Amy Higdon x4836 Jan Walker-Conroy, Interim	CONTRACTO Name: Address: Phone:	R:
Service Requeste Contract Term: _	DEPARTMENT: Health and decided: Resolution for EDH Senion Human Resources requiremented by:	ior Day Care Licensing Ap Contract/Gra	plication to CDSS
Approved: Condition Approved: flold un f flold un f	Disapproved:	Date: 7/18/2013 Date: Date:	By: K. Markam By: Co
DISK MANACEM		RISK MANAGEMENT. THANK	
Approved:	ENT: (All contracts and MOI Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
NOTE: All contracts	AL: (Specify department(s) that involve the acquisition of so quires approval from another department Disapproved: Disapproved:	ftware or computer related iter	ms must be first approved by IT.