

Agreement # N/A

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/22/2020

Need Date: 08/05/2020

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o, ou,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.07.22 09:45:51 -0700
Yvonne Kollings, CFO

CONTRACTOR:

Name: FY 2020-2021 PHA Budget Resolution
Address: _____
Phone: _____
Org Code: 5280
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Public Housing Authority

Service Requested: Annual Budget Resolution

Description: FY 2020-2021 PHA Budget Resolution

Contract Term: 07/01/2020 - 06/30/2021 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 08/10/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.08.10 17:46:12 -0700

~~HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW~~

~~RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW~~

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!