

Contract #: Resolution – Personnel Allocation

Index Code: 450000

CONTRACT ROUTING SHEET

Date Prepared: 11/12/14

Need Date: 11/14/14

PROCESSING DEPARTMENT:

Department: Health & Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: 

Don Ashton, M.P.A., Director

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Approve as to form for changes to authorized personnel allocation

Contract Term: _____ Contract/Grant Value: \$ _____

Compliance with Human Resources requirements? N/A Yes _____ No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11/24/14 By: 


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

The format is fine - it may need changes to the "whereases" to explain the request depending on the facts

2014 NOV 24 10:51 EL DORADO COUNTY COUNSEL

PLEASE CALL AMY HIGDON x4836 FOR PICK UP. THANK YOU!

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

Approved: Disapproved: _____ Date: 11/24/14 By: 

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

Please contact Amy Higdon for pick-up. Thank you!

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

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

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