

Agreement # N/A

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/20/2021

Need Date: 08/05/2021

PROCESSING DEPARTMENT:

Department: HSA

Dept. Contact: Consie Mote

Phone: 642-7118

Department: Nita Wracker

Head Signature: MBA CPA

Yvonne Kollings, CFO

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.20 12:58:51 -07'00'

CONTRACTOR:

Name: FY 2021-2022 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 2021-2022 PHA Budget Resolution

Contract Term: 07/01/2021 - 06/30/2022 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 07/27/2021 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.07.27 13:43:49
-07'00'

~~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!