

# CONTRACT ROUTING SHEET

Date Prepared: 07/13/2009

Need Date: 07/20/2009

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shawna Purvines

Phone #: x. 6276

Department

Head Signature: *Janet Walker-Conroy*  
Janet Walker-Conroy,  
Acting Director

**CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Resolution Review and Approval

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7-22-09 By: *Lee*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolution authorizing submittal of an application for funding under the HOME Investment Partnerships Program 2009 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto.

Resolution requires County Council review and approval – initials confirm approval.

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

N/A

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_