

Contract #: N/A
Index Code: _____

CONTRACT ROUTING SHEET

Date Prepared: 8/1/17

Need Date: 8/10/17

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: *Patricia Charles-Heathers*

CONTRACTOR:

Name: Resolution
Address: Public Guardian Fees
Phone: _____

Patricia Charles-Heathers, Ph.D., Director

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Fee Resolution

Contract Term: N/A Contract/Grant Value: N/A

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

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 8/8/17 By: *P. Stanley*

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

see RVs to the Resolution - Done 8/9/17 Kgl

SALVADOR COUNTY COUNSEL
27 AUG -2 AM 9 46

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

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

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

Does not require Risk Management Review _____

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: N/A

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

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

[Signature]
Chief Fiscal Officer

8/1/17
Date

[Signature]
Deputy Director, Administration and Contracts

8/1/17
Date