

Contract #: SEP Boilerplate Agreements and Amendment Form
CONTRACT ROUTING SHEET

Date Prepared: 1-6-11

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I.C. Hodgson
Phone #: X7268
Department
Head Signature: *Daniel Nelson*

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

RECEIVED
HUMAN SERVICES DEPT
11 JAN 20 PM 3:11

CONTRACTING DEPARTMENT: Human Services

Service Requested: _____

Contract Term: N/A Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 1-20-11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 1/20/11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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