

Contract #: IFT/CCT Template and Resolution
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: 2/10/17

Need Date: 2/24/17

PROCESSING DEPARTMENT:
Department: HHSA/CS
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: Patricia Charles-Heathers
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:
Name: IFT/CCT Template
Address:
Phone:

CONTRACTING DEPARTMENT: HHSA/Community Services
Service Requested: IFT/CCT Template and Resolution
Contract Term: Three years Contract/Grant Value: \$0
Compliance with Human Resources requirements? N/A X Yes No
Compliance verified by: No remuneration

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: [Signature] Disapproved: _____ Date: 2/16/17 By: K. Markham
Approved: [Signature] Disapproved: _____ Date: 2/22/17 By: K. Markham
T/C K. Lang re: mid new reso
see connection on Reso Edme, K. Lang 2/23/17

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: [Signature] Disapproved: _____ Date: 2-23-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

AMS:24 HR/RM FEB 23 17

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] 2/10/17
CFO Review Date

[Signature] 2/10/17
Deputy Director, Administration and Contracts Date