

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/03/2021

Need Date: 05/17/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: HHSA

Dept. Contact: Zhana Mc Cullough

Address: _____

Phone: Ext. 7154

Phone: _____

Department Head Signature: Nita Wracker
MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.05.03 10:22:10 -07'00'

Org Code: 5280

Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review documents

Description: Certifications and resolution for Public Housing Authority annual Agency plan update

Contract Term: 01/01/2021 - 12/31/2021 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 05/06/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.05.06 16:50:40
-07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW