## CONTRACT ROUTING SHEET

Date Prepared:	09/08/2011	Need Date:	ASAP
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Human Services Sharon Erwin x. 6376 Daniel Nielson, Director	CONTRACTO Name: Address: Phone:	R:
CONTRACTING DEPARTMENT: Human Services			
Service Requested: Resolution Review and Approval Contract Term: Contract Value:			
The State of the Control of the State of the	Human Resources requiremented by:		No:
Approved:	EEL: (Must approve all contraction Disapproved:  Disapproved:		By: Lallen * By:
Resolution authorizing updates to the Public Housing Authority's Administrative Plan			
	ay wed but the ortul		firm approval.
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)			
	Disapproved:		By:
Approved:	Disapproved:	Date:	By:
N/A			
OTHER APPROV	AL: (Specify department(s) pa	articipating or directly a	affected by this contract)
Departments:	(-,,		
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

Rev. 12/2000 (GS-GVP)