Contract #:

151-S1111, A2

Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared:	3/11/13	Need Date:		
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/SSD Heather Longo X7373 MAN Daniel Nielson, M.P.A., Direct	CONTRA Name: Address: Phone:	KYJO Enterprises	, Ste 210 :
Contract Term: _r Compliance with I	d: Emergency Shelter Care/	Contractits? N/A	ement Services ct/Grant Value: \$25	0,000,00 No:
Approved:	Disapprove all contract of Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved:	Date:	By: By: Sure By:	EL SOR ADD COUNTY COUNSEL
RISK MANAGEM Approved: \(\) Approved:	PLEASE FORWARD TO RICENT! (All contracts and MOU Disapproved: Disapproved:			feements)
OTHER APPROV NOTE: All contracts Any contract that red	AL: (Specify department(s) position of soft department department department Disapproved: Disapproved:	participating or direction	elated items must be ap	oproved by IT first.
XX ampet RM Review/Date	77 3/1/13 Krun G- A 3/1.	713 (Ables) Contracts Supe 1	Review/Date Conftract	Lis III Solin 3/14/1 s Mgr. Review/Date

Rev. 12/2000 (GS-GVP)

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