Contract #:

13B-5007, CCC-307

& Resolution

Index Code:

531011

## **CONTRACT ROUTING SHEET**

Date Prepared:	1/9/13	Need Date:	1/23/13	
PROCESSING DI Department:	EPARTMENT: HHSA/CS		ENCY: Dept. of Community vices & Developme	
Dept. Contact: Phone #:	Amy Higdon x4836	Address: P.C		
Department Head Signature:	Daniel Nielson, M.P.A., Director	Phone: 1-9	16-676-7109	
Service Requeste Contract Term: _1 Compliance with H	DEPARTMENT: Health and	Assistance Program s Contract/Gra		5
COUNTY COUNS Approved: Approved:	EL: (Must approve all contracts Disapproved: Disapproved:	and MOU's) Date: 1/3i/1. Date:	By: his	JAN B 0 2013
RISK MANAGEM Approved: Approved:	PLEASE FORWARD TO RISK ENT: (All contracts and MOU's Disapproved: Disapproved:			
	AL: (Specify department(s) parts that involve the acquisition of softs  Disapproved:  Disapproved:			ract).
ts Review/date	13. Cyfflur HCflli Intracts Mgr Refew/da	1/28/13	13-0160 A	1 of 1