Contract #:

Resolution-HHSA

Personnel Allocation

Index Code:

450000

CONTRACT ROUTING SHEET

Date Prepared:	7/17/14	Need Date:	7/17/14- PLEASE RUSH
PROCESSING D	EPARTMENT:	FUNDING AG	ENCY:
Department:	Health & Human Services	Name:	
Dept. Contact:	Amy Higdon	Address:	
Phone #:	x4836		
Department Head Signature:		Phone:	
	Don Ashton, M.P.A., Director DEPARTMENT: HHSA ed: Resolution to add personnel Authority	allocations for HHS	A-IHSS/IHSS Public
Contract Term:		Contract/Gra	nt Value: N/A
	Human Resources requirements?		Yes No o
	ed by:		
	SEL: (Must approve all contracts	and MOU's)	ON E
Approved:	· · · · · · · · · · · · · · · · · · ·		By: Portug
Approved:	Disapproved:	Date:	By:
			<u> </u>
			, Paris Pari
			
- i	PLEASE CONTACT AMY HIGDON A	T x4836 FOR PICK UP.	THANK YOU!
RISK MANAGEN	IENT: (All contracts and MOU's e	except boilerplate gr	ant funding agreements)
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
)	
NOTE: Any contract sending of electronic that may be IT relate	/AL: (Specify department(s) part et that involves the development, instal information, the acquisition of softward, especially those that involve composition of the	llation, implementation, are or computer related uters and telecommuni	storing, retrieving, transfer, or items, or any other service/item cations, must be approved by IT
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

CFO Review/Date

Rev. 12/2000 (GS-GVP)