Contract #:

Program Manager II, Admin & Contracts Date

15-0055 B 1 of 1

Resolution -

Personnel Allocation

Index Code:

450000

CONTRACT ROUTING SHEET

Dept. Contact: Amy H Phone #: x4836 Department Head Signature: Don As CONTRACTING DEPAR Service Requested: Approved: Approved	& Human Services igdon Shton, M.P.A., Director TMENT: HHSA prove as to form for change Resources requirements? Just approve all contracts and Disapproved: Disapproved: Disapproved: Disapproved:	Contract/Gra N/A _x and MOU's) Date:	ersonnel allocation ant Value: \$ Yes No:
Dept. Contact: Amy H Phone #: x4836 Department Head Signature: Don As CONTRACTING DEPAR Service Requested: Approved: Approved	igdon Shton, M.P.A., Director TMENT: HHSA prove as to form for change Resources requirements? Just approve all contracts and Disapproved: Disapproved: Disapproved:	Address:	ersonnel allocation ant Value: \$ Yes No:
Phone #: x4836 Department Head Signature: Don As CONTRACTING DEPAR Service Requested: App Contract Term: Compliance with Human I Compliance verified by: COUNTY COUNSEL: (M Approved: X Approved:	shton, M.P.A., Director TMENT: HHSA prove as to form for change Resources requirements? Just approve all contracts and Disapproved: Disapproved: Disapproved:	Phone: pes to authorized per Contract/Grant N/A _x and MOU's) Date:	ersonnel allocation ant Value: \$ Yes No:
Department Head Signature: Don As CONTRACTING DEPAR Service Requested: Approved: Compliance with Human I Compliance verified by: COUNTY COUNSEL: (M Approved: Approved: The format is serviced.	TMENT: HHSA prove as to form for change Resources requirements? Sust approve all contracts of Disapproved: Disapproved: Disapproved:	ges to authorized pe Contract/Gra N/A _x and MOU's) Date:	By: By: "Whereases" to explain
CONTRACTING DEPAR Service Requested: Apr Contract Term: Compliance with Human I Compliance verified by: COUNTY COUNSEL: (M Approved: Approved: In format is He wegest depende	TMENT: HHSA prove as to form for change Resources requirements? Sust approve all contracts of Disapproved: Disapproved: Disapproved:	ges to authorized pe Contract/Gra N/A _x and MOU's) Date:	By: By: "Whereases" to explain
CONTRACTING DEPAR' Service Requested: Approximated Approximation Approxi	TMENT: HHSA prove as to form for change Resources requirements? Sust approve all contracts of Disapproved: Disapproved: Disapproved:	Contract/Gra N/A _x and MOU's) Date:	By: By: "Whereases" to explain
Service Requested: Approved: Contract Term: Compliance with Human I Compliance verified by: COUNTY COUNSEL: (MApproved: Approved: The format is stated of the request dependent of the request dependent in the request depen	Resources requirements? lust approve all contracts and Disapproved: Disapproved: Disapproved:	Contract/Gra N/A _x and MOU's) Date:	By: By: "Whereases" to explain
Contract Term: Compliance with Human I Compliance verified by: COUNTY COUNSEL: (M Approved: Approved: The format is second.	Resources requirements? lust approve all contracts and Disapproved: Disapproved: Disapproved:	Contract/Gra N/A _x and MOU's) Date:	By: By: "Whereases" to explain
Contract Term: Compliance with Human I Compliance verified by: COUNTY COUNSEL: (M Approved: Approved: The format is separate	Resources requirements? lust approve all contracts and Disapproved: Disapproved: Disapproved:	Contract/Gra N/A _x and MOU's) Date:	By: By: "Whereases" to explain
Compliance verified by: _ COUNTY COUNSEL: (M Approved:	lust approve all contracts : Disapproved: Disapproved:	and MOU's) Date: <u> </u>	By: Pool of the second of the
Approved: X Approved: X Approved: The format is s He request depende	Disapproved: Disapproved: Tine - It may need	Date: 1/24/14	By: PROBE S By: S "Whekases" to explain
Approved: The format is s the request depende	Tine - It may need		"Whereases" to explain
the request depende		changes to the	
the request depende		0	
			graph gar
PLE	ASE CALL AMY HIGDON x48	36 FOR PICK UP. TH	IANK YOU!
RISK MANAGEMENT: (A	All contracts and MOU's e	xcept boilerplate gr	rant funding agreements)
Approved: X	Disapproved:	Date: 11/24/14	By: OS bet Sor en
Approved:	Disapproved:	Date:	By:
sending of electronic informat that may be IT related, especibefore submission to Counse department. Departments:	pecify department(s) partic plyes the development, installa- tion, the acquisition of softwar- ially those that involve compu I. This also applies to any oth	cipating or directly a ation, implementation, e or computer related iters and telecommuni ner contract that requir	, storing, retrieving, transfer, or items, or any other service/item ications, must be approved by IT res approval from another
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

CFO

Review/Date