Contract #: __
Index Code:

MH-7045 418600

CONTRACT ROUTING SHEET

Date Prepared:	5/15/15	Need Date:	5/22/15	
PROCESSING Department: Dept. Contact: Phone #:		CONTRACTO Name: Re Address:	OR: esolution	
Department Head Signature:		Phone:		
	DEPARTMENT: HHSA/Me ed: Resolution re: 5150 De		nd Barton	
Contract Term:			ant Value: N/A	
	Human Resources requirement			No:
COUNTY COUN Approved: Approved:	SEL: (Must approve all contr Disapproved: Disapproved:	Date: <u>5/18/15</u>	By.PX	Jul /
				7-3
				<u> </u>

	PLEASE FORWARD TO I	RISK MANAGEMENT. THA	NK YOU!	जि ह
RISK MANAGE	MENT: (All contracts and MO	U's except boilerplate g	rant funding agre	eements)
Approved:	Disapproved:	Date:	By: 📿	<u> </u>
Approved:	Disapproved:	Date:	By: 1	
NOTE: Any contract electronic information related, especially t	VAL: (Specify department(s) of that involves the development, inson, the acquisition of software or chose that involve computers and to applies to any other contract that re	stallation, implementation, stocomputer related items, or a elecommunications, must be	oring, retrieving, trai any other service/ite approved by IT be	nsfer, or sending o
Approved:	Disapproved:	Date:	By:	50 4.
Approved:	Disapproved:	Date:	By:	3
		•		: a
		and the state of t		0-110-120
CFO Review	Date	Program Manager II, Ad	ministration and Contra	acts Date