	1-1-	Contract #:	Resolution – PHA 2016 Admin Plan Update
		Index Code:	
	CONTRACT RO	UTING SH	EET
Date Prepared:	02-23-2016 02-26-2016		03-08-2016
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT:	CONTRACTOR: Name: Resolutio Address: Public H Phone:	on
Service Requeste Contract Term: <u>N</u> Compliance with H	DEPARTMENT: <u>HHSA/Commun</u> d: <u>Resolution to authorize submitta</u> N/A Human Resources requirements? ed by: <u>Resolution</u>	l of the 2016 PHA Admin Contract/Grant V	alue: \$0
Approved: X		Date: <u>-26/16</u> Date:	By: By: FI ADDO COUNTY
RISK MANAGEM Approved: Approved:			
NO MS.			29 F
NOTE: Any contract electronic information related, especially the		n, implementation, storing, i er related items, or any oth munications, must be appro	retrieving, transfer, or sending her service/item that may be oved by IT before submission
Angue CFO Review	Date 2/25/16	Kutyn Ku Deputy Director, Administratio	a/24/16 p.andContracts Date

16-0242 A 1 of 1

Rev. 12/2000 (GS-GVP)