Contract #: \_\_
Index Code:

Boilerplate 530870

## **CONTRACT ROUTING SHEET**

Date Prepared:	-11/17/15 3/1/16-80	ບ ; ⊮ຮ∉ໄ Need Date:	3/14/10
PROCESSING D		CONTRACTO	
Department:		Name:	
Dept. Contact:	Jennifer Anderson	Address:	
Phone #:	X 6901		
Department	- A	Phone:	
Head Signature:	- 3 Ce		RECEIVE.
	Don Ashton, M.P.A., Direct	or	
CONTRACTING	DEPARTMENT: HHSA/Sc	ocial Services Division	MAR 0.7 ZUTO
	ed: Boilerplate for Foster Pa		Resolution Filler Count Count
Contract Term:			nt Value: \$0
Compliance with Compliance verif	Human Resources requirement ied by:	ents? N/A <u>x</u>	Yes No:
•	SEL: (Must approve all contr	racte and MOLI's)	<u></u>
Approved:			Ву:
Approved: X	Disapproved:	Date: 99	By: Plan
			φ ( <sup>2</sup> / <sub>2</sub> ) σ
			sicremia O
	PLEASE FORWARD TO I	RISK MANAGEMENT. THAN	[7]
RISK MANAGEN		U's except boilerplate gra	/ /
Approved:	Disapproved:	Date: 3 -/5-	
Approved:	Disapproved:	Date:	By:
157	- mebix	100	TDC HR/RISK
NOTHIN	s for jette 16	Byrave	16 MAR 11 AVOB:34
			TO HENT LIMOUS OF
OTHER APPROV	VAL: (Specify department(s)	participating or directly a	ffected by this contract)
			ing, retrieving, transfer, or sending of
			y other service/item that may be IT
	nose that involve computers and to applies to any other contract that re		approved by IT before submission to
Departments:	applies to any other contract that ic	quires approvai nom anomer	department.
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
Please conta	act (Jennifer Anderson x6901) wit	th questions or for contract	packet pick-up. Thank you!
Howard .	les alimit		W/17/18
CFO Review	Date	Deputy Director, Administ	ration and Contracts Date