		Index Code:			
	CONTRACT	ROUTING	SHEET		
Date Prepared: 11/14/16		Need Date	Need Date: 11/18/16		
PROCESSING Department: Dept. Contact: Phone #: Department Head Signature:	DEPARTMENT: HHSA Kathryn Lang X7147 Atrica: Charle-Healthers,	Address: Phone:	CTOR: Resolution		
Service Request Contract Term:	N/A Human Resources requireme	Contract/ ents? N/A _x_	Grant Value: \$0		
COUNTY COUN Approved: Approved:	SEL: (Must approve all contr Disapproved: Disapproved:		116 By P1 By:)	
IV COUNSEL					
RISK MANAGEN			e grant funding agreeme	ents)	
Approved: == Approved: == 	Disapproved: Disapproved:	Date: Date:	By:By:		
EL DOR	Does not Require Risk				
NOTE: Any contract electronic information related, especially the Counsel. This also a Departments:		tallation, implementation, omputer related items, of ecommunications, must quires approval from anotone.	storing, retrieving, transfer, or any other service/item the be approved by IT before s ther department.	or sending of at may be IT	
related, especially th	ose that involve computers and templies to any other contract that rec	lecommunications, must juires approval from anotogether. Date: Date:	be approved by IT before s) UK	

Contract #:

N/A

Rev. 12/2000 (GS-GVP)