Contract #: N#A 1445A -Q1
Index Code: 450000

CONTRACT ROUTING SHEET

| Date Prepared: | 3/24/15 | Need Date: | 4/7/15 | |
|---|--|--|--|-------|
| PROCESSING DE Department: | PARTMENT: Health and Human Svcs Agency | CONTRACTOR: Name: Resol | | |
| Dept. Contact: Phone #: | Kathryn Lang X7147 | Address: | | |
| Department Head Signature: | Don Ashton, M.P.A., Director | Phone: | 20 5 HAR | |
| CONTRACTING I | DEPARTMENT: Health and I | Human Services Agency | ယ္ ဥ | |
| | d: Resolution regarding fundi | ng agreements | P | |
| Contract Term: _ | | Contract/Grant | Value: | |
| Compliance with I Compliance verified | Human Resources requirement ed by: | s? N/A Y | Value: | |
| COUNTY COUNS | EL: (Must approve all contrac | ts and MOU's) | | |
| Approved: X | Disapproved: | Date: 3/27/15 | By: Protect | |
| Approved: | Disapproved: | Date: 3/3/1/15 | By: Work | |
| Please see | comments and scope | of delegation! | clanging & | |
| | reporting obligations. | | 00 = > | |
| Pesubmit E | ROUISONDS 3930/15 | kge | ~ ° | |
| | | | | |
| | | | - AL | |
| | PLEASE FORWARD TO RIS | K MANAGEMENT, THANK | AONI 3 8 | - |
| RISK MANAGEM | ENT: (All contracts and MOU's | | ~ | |
| Approved: | Disapproved: | Date: | By: | |
| Approved: | Disapproved: | Date: | By: | |
| | | | | |
| Does not rec | quire Risk Management appr | oval | | |
| NOTE: Any contract electronic information related, especially the Counsel. This also a | AL: (Specify department(s) pathat involves the development, install the acquisition of software or compose that involve computers and telepholies to any other contract that requive | lation, implementation, storin nputer related items, or any communications, must be ap res approval from another de | g, retrieving, transfer, or send other service/item that may proved by IT before submiss | be IT |
| Approved: | Disapproved: | Date: | By: | |
| Approved: | Disapproved: | Date: | By: | |
| Agwillal FO Review | 16 3/23/15 Date | Program Manager II, Admini | 3/23/ | 15 |