

Contract #: Reso-12082015
Index Code: 450000

**CONTRACT ROUTING SHEET** 

Date Prepared:	12/8/15	Need Date: 12	2/10/15
PROCESSING D	FPARTMENT:	CONTRACTOR:	
Department:	HHSA/Social Services		el Allocation Resolution
Веранители.	Division	Templat	
Dept. Contact:	Kathy Lang	Address:	
Phone #:	X7147	71441000.	
Department	X( 17)	Phone:	
Head Signature:	900	THORIC:	
ricad Oignataic.	Don Ashton, M.P.A., Director		
	Boll Ashton, W.I. A., Birector		
	<b>DEPARTMENT:</b> HHSA/Social		
Service Requeste	ed: Template for Personnel Allo	ocation Resolutions	
Contract Term: _		Contract/Grant Va	alue: N/A
Compliance with	Human Resources requirements	? N/A Yes	x No:
Compliance verifi	ied by: Reviewed/updated by M	I. Strella 12/7/15	
COUNTY COUNTY	OFI - /March and an all and the act	MOLUE	
Approved:	SEL: (Must approve all contracts	s and MOU's)	Du CAA7
Approved:	Disapproved:	Date: 149115	By J
Approved:	Disapproved:	Date:	_ By:
This D	esolution has been updated sinc	o the proviously enpreyes	I tomplete Poongatfully
	'y Counsel review and approve th		
			and format, forus € in
iuluie Peisonnei	Allocation adjustinents.		
			Title and
			<del></del>
RISK MANAGEN	<b>MENT:</b> (All contracts and MOU's	except boilerplate grant for	unding agreements)
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved: Disapproved:	Date:	By:
	Does not Require Review by F	Risk Management	
***************************************		<u></u>	
OTHER APPROV	/AL: (Specify department(s) par	ticipating or directly affect	ed by this contract).
	that involves the development, installa		
	n, the acquisition of software or comp		
	lose that involve computers and telecomplies to any other contract that require		
Departments:	applies to any other contract that require	es approvar nom another depar	unent.
Annroyed:	Disapproved:	Date:	Rv:
Approved:	Disapproved:	Date:	By: _ By:
Approved.	Disappioved.	Date.	_ Бу
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ADIALLA	40) 12/8/15	0 = =	12/8/15
CFO Review	Date	Deputy Director, Administration	and Contracts Date