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| Counsel please include this | > Resolution #: | | gistar # 13-0 | 519 | P&C # N/A | |
| information in | | | | | | |
| your billing | > Project | Assessment Res | olution and Hea | aring – C | SA #3 Renefit | |
| description. | > Description: | | | anng – C | | |
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| | CONTRA | CT ROU | TING S | HEE | :1 | |
| PROCESSING D | | | CONTRAC | CTOR- | | |
| Department: | | Finance Division | | | ssment Resolution | |
| Dept. Contact: | Ruth Young | | | | learing – CSA #3 | |
| Phone: | x5934 | | Address: | Zones | s of Benefit, Fiscal Year | |
| Authorized | , al | 1 | | 2013/ | 2014 | |
| Signature: | The second second | 5/2/13 | Phone: | | a traditional | |
| | Ruth Young | r, CDA Administratio | on & Finance Div | vision | | |
| CONTRACTING | | an one of the second sec | | | on | |
| CONTRACTING DEPARTMENT: CDA, Administration & Finance Division Service Requested of Counsel/Risk: Review & Approve | | | | | | |
| Contract Term: | | | Contract/Ame | ndment | Amount: \$ | |
| Compliance with | Human Resources | Requirements? | Yes: | N/A | No: | |
| Compliance verifi | ied by: | N/A - Resolution | <u>n</u> | | | |
| | SEL: (must approv Disapproved: Disapproved: mrections | | | | | |
| | to re-submi | | The NSOU | unon | -< 8 | |
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| RISK MANAGEN | MENT REVIEW NO | T REQUIRED - | PLEASE RET | | DIRECTLY TO | |
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| | | rtment(s) particip | ating or direct | tly affec | ted by this contract). | |
| Department(s): | Disapproved: | Data | • | Bv [.] | | |
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