## CONTRACT ROUTING SHEET

Date Prepared:
01-22-2013

PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department
Head Signature:

HHSA/Public Health Zhana Mc Cullough Ext. 7154


Need Date:
CONTRACTOR:
Name: Resolution
Signature authority for
Tobacco Control Program
Allocation Agreements, etc.

CONTRACTING DEPARTMENT: Health and Human Services Agency/Public Health
Service Requested: Resolution for HHSA Director to sign agreements, financial documents, etc.
Contract Term: 07/01/2013-06/30/2017
Contract/Grant Value: \$600,000

Compliance with Human Resources requirements?
Compliance verified by: Incoming Funding
COUNTY COUNSEL: (Must approve all contracts and MOU's)


Date:
Date:

By :

By:

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!


OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT.
Any contract that requires approval from another department must also be first approved by the other department.
Departments:


