

Resubmitted: 1/22/18

Contract #: N/A  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: 12/19/17

Need Date: 1/5/18

**PROCESSING DEPARTMENT:**

Department: Health & Human Svcs Agency  
Dept. Contact: Kathryn Lang  
Phone #: X  
Department: \_\_\_\_\_  
Head Signature: Patricia Charles-Heath

**CONTRACTOR:**

Name: IFT/CCT Resolution for updated  
Address: IFT/CCT Boilerplate  
Phone: \_\_\_\_\_

Patricia Charles-Heathers, Ph.D., M.P.A., Director

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Resolution delegating authority to Director, and authorizing future updates to boilerplate  
Contract Term: upon execution - perpetual Contract/Grant Value: \$ 0.00  
Compliance with Human Resources requirements? N/A x Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: \_\_\_\_\_ Disapproved: ✓ Date: 1/5/18 By: K. Markham  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 1/25/18 By: K. Markham

Conditional based on making the noted changes  
Conditional based on making noted corrections Done KGO 1/22/18

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please contact Kathryn Lang @ x7147 with questions or for contract packet pick-up. Thank you!

Monnie Kolling 12/15/17  
Chief Fiscal Officer Date

Jen 12/15/17  
Deputy Director, Administration and Contracts Date

A/P or A/R Mgr Approval: [Signature] 12/19/17  
Initials/Date

Contracts ASO Approval: [Signature] 12/15/17  
Initials/Date