		Contract #: 339 AMD II (170-S1611)
	CONTRACT R	OUTING SHEET
Date Prepared:	6/8/18	Need Date: 6/11/18
PROCESSING I Department: Dept. Contact: Phone #: Department Head Signature:	DEPARTMENT:         Health & Human Svcs Agency         Kathy Lang         X 7147         X 7147         Patricia Charles-Heathers, Ph.	
Service Request Contract Term:	DEPARTMENT: Health and Resources requirements field by:	en and Youth Contract/Grant Value: <u>44, 934, 701 -</u> s? N/A Yes No: 5
COUNTY COUN Approved:	SEL: (Must approve all contract Disapproved: Disapproved:	
RISK MANAGEM Approved: Approved:		K MANAGEMENT. THANK YOU!         except boilerplate grant funding agreements;         Date:       6/11/18         By:       By:
NOTE: Any contract electronic information related, especially the	t that involves the development, installa n, the acquisition of software or comp	
Please contact	Kathy Lang x7147 with	questions or for contract packet pick-up. Thank you!
Chief Fiscal Office	mme Holling 6/0/18	Deputy Director. Administration and Contracts Date
A/P or A/R Mgr Approval:	Onitrais/Date 0(8/17	Contracts ASO Approval:
-	0	AVE TO HOTOM THE 11 HO

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