Contract #: CSA 3, 2018-2019 Resolution

Index Code:

408110

18-1035 A 1 of 1

CONTRACT ROUTING SHEET

Date Prepared:	05-01-2018 06-67-2018	Need Dat	e: 06-21-2	018
PROCESSING Department:	DEPARTMENT: Health & Human Svcs Agency	CONTRA Name:	CTOR: CSA 3 Annual Bene	efit
Dept. Contact:	Zhana Mc Cullough	Address:	Assessment Resolu	ution
Phone #:	X 7154		FY 2018-2019	
Department		Phone:		
Head Signature:		una .		
	Patricia Charles-Heathers, Ph.D., N	MPA, Director		
	DEPARTMENT: Health and Hu			-l- i- CLT
	ed: Resolution regarding annual ber			eis in SL1.
	Fiscal Year 2018-2019 Human Resources requirements?			No: P
Compliance with		N/A _ A	_ res	No:
Approved:	SEL: (Must approve all contracts Disapproved: Disapproved:	Date: 6/20	1018 By: K. By:	A Y
-				<u>α</u> ε
				- SEL
RISK MANAGEN	MENT: (All contracts and MOU's e	except boilerplat	te grant funding agr	reements)
Approved:				,
Approved:	Disapproved:	Date:	By:	
	Does not require Risk	Management	t's review.	
NOTE: Any contract electronic information related, especially the Counsel. This also a Departments:	VAL: (Specify department(s) parti- t that involves the development, installation, the acquisition of software or compu- nose that involve computers and telecom- applies to any other contract that requires	on, implementation ter related items, nmunications, mus approval from and	n, storing, retrieving, tra or any other service/it t be approved by IT be other department.	insfer, of sending of em that may be l' efore submission to
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
Please contact	ct Zhana Mc Cullough, x 7154, with que	estions or for con	ntract packet pick-up.	Thank you!
Monne	thellings (0)7/18	, Je -	_	5/2/10
Chief Fiscal Officer	Date	Deputy Director, Ac	lministration and Contracts	Date
A/P or A/R Mgr Approval:	Initials/Date	Contracts ASO Appro	oval:	5/2/18

Rev. 12/2000 (GS-GVP)