

CONTRACT ROUTING SHEETDate Prepared: 10/5/09Need Date: 10/15/09**PROCESSING DEPARTMENT:**

Department: Human Services
 Dept. Contact: Shawna Purvines
 Phone #: Ext. 5362
 Department: HCED Programs
 Head Signature: Daniel Nielsen

CONTRACTOR:

Name: _____
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: HUMAN SERVICESService Requested: Resolution Review and ApprovalContract Term: _____ Contract Value: \$0.00Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10-6-09 By: E. L. King
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Resolution authorizing submittal of an application for funding under the Community Development Block Grant Program Fiscal Year 2009-2010 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto.

Resolution requires County Counsel review and approval – initials on this form confirm approval

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 10/8/09 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call C.J. Freeland at Dev. Services for pick up --- ext. 5347

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____