

## CONTRACT ROUTING SHEET

Date Prepared:	MICHA	Need Date:
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	Health & Human Sycs Agence Ashley Wells x6906  Donald Semon, Director	CONTRACTOR: Name: DMC-ODS Boilerplate Address: Phone:
□Auditor/C	ontroller Notified ⊠N/A – I	Inder \$100k
Contract Term: 1 Compliance with I	d: Boilerplate for DMC-OD	Contract/Grant Value: N/A
Approved:  Approved:	BEL: (Must approve all contr Disapproved: Disapproved:	Date: By: By: By: By: By: By: By: By: By: By
RISK MANAGEM Approved:  Approved:	PLEASE FORWARD TO FENT: (All contracts and MO Disapproved: Disapproved:	ISK MANAGEMENT. THANK YOU!  J's except boilerplate grant funding agreements)  Date: 6 (9/19 By:  By:
<b>NOTE:</b> Any contract the electronic information related, especially the	that involves the development, ins , the acquisition of software or c se that involve computers and te	participating or directly affected by this contract).  allation, implementation, storing, retrieving, transfer, or sending of omputer related items, or any other service/item that may be IT ecommunications, must be approved by IT before submission to uires approval from another department.  Date:  By:
Approved:	Disapproved:	Date: By:
Chief Fiscal Officer	AIL HHSA CONTRACT  Date  Initials/Date	Deputy Director, Administration and Contracts Initials/Date  PM4:55 HR/RM JUN 18'19
Rev. 12/2000 (GS-GVP)		LWA'DO UKI KU ANN TO TO