CoC Grant Application #: Resolution CONTRACT ROUTING SHEET

Date Prepared:	10/15/2009	Need Date: ASA	₹P
PROCESSING DI	EPARTMENT:	CONTRACTOR:	
Department:	Human Services	Name:	
Dept. Contact:	Sharon Guth	Address:	
	x.,6376		
Department	11/1-1	Phone:	
Head Signature:	(and Vieson		
	Daniel Nielson, Director		E
CONTRACTING	DEPARTMENT: Hur	non Cominee	2003 OCT
	d: Resolution Review and Ap		
Compliance with F	Human Resources requirements	_ Contract value. s? Yes: N/A	No:
Compliance with a	ad by:	5! 165. <u>IV/A</u>	No:
Compliance verific	ed by:		
COUNTY COUNS	EL: (Must approve all contract	s and MOU's)	12 OF
Approved:	Disapproved:	Date: 10/21/09	By: D. Livingston
Approved:	Disapproved:	Date:	By:
Resolution authori	zing submittal of an application	for funding under the Cor	ntinuum of Care Homeless
Assistance Progra	ms Supportive Housing Progra	<u>m allocation for Fiscal Yea</u>	<u>ar 2009-10 Notice of</u>
	y and execution of a grant agre	ement if funded, including	<u>any amendments</u>
thereto.			
Resolution require	s County Counsel review and a	<u> ipproval – initials confirm a</u>	approval.
renamental and the second seco			
RISK MANAGEMI	ENT: (All contracts and MOU's	except boilerplate grant for	unding agreements)
	Disapproved:	Date: 10/03/09	
Approved:	Disapproved:	_ Date:	By:
N/A			125
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A-11 (N SS
	AL: (Specify department(s) par	ticipating or directly affect	ed by this contract).
Departments:			တ္ 💥
Approved:	Disapproved:		_ By: ω Θ
Approved:	Disapproved:	_ Date:	By: