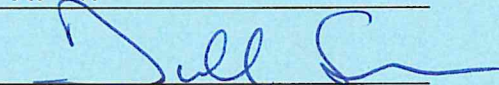


NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 9/23/19

Need Date: 9/30/19

PROCESSING DEPARTMENT:

Department: Health & Human Svcs
Agency: Agency
Dept. Contact: Kathryn Deffebach
Phone: X7147
Department Head Signature: 
Donald Semon, Director

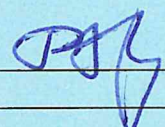
CONTRACTOR:

Name: Resolution delegating signature
Address: Authority for MCIP Agmt
Phone: _____
Org Code: _____

CONTRACTING DEPARTMENT: HHSA – Resolution

Service Requested: Resolution to delegate signature authority
Contract Term: N/A Contract Value: varies

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

Approved: X Disapproved: _____ Date: 9/30/19 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!

9/23/19

RECEIVED
CoCo
SEP 25 2019
BY: *RMC*
19-1526 C/1 of 1