Resolution # TBD

RESOLUTION
ROUTING SHEET

Date Prepared: January 27, 2020 **Need Date:** February 3, 2020

PROCESSING DEPARTMENT:
Department: HHSA
Dept. Contact: Jason
Phone: X7331
Department Head Signature: Donald Semon, Director

CONTRACTOR:
Name: N/A
Address: N/A
Phone: N/A
Org Code: 5000

☐Auditor/Controller Notified ☐N/A – Under $100k

CONTRACTING DEPARTMENT: HHSA Community Services Division
Service Requested: Review of Resolution in Support of HHAP Grant Application
Contract Term: TBD – Fund Expenditure by 5/31/23 Contract Value: $668,989.93

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: X Disapproved: _____ Date: 1/28/2020 By: [signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

EDC COUNTY COUNSEL
2020 JAN 27 AM 10:28

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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