

## 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

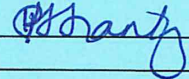
Auditor/Controller Notified     N/A – Under \$100k

**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: 

Approved: \_\_\_\_\_    Disapproved: \_\_\_\_\_    Date: \_\_\_\_\_    By: \_\_\_\_\_

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**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!**