

# CONTRACT ROUTING SHEET

Date Prepared: 11/23/20

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department \_\_\_\_\_  
Authorization: \_\_\_\_\_

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Review resolution regarding local response to Coronavirus pandemic  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved:  Disapproved: \_\_\_\_\_ Date: 11/23/20 By: D. Livingston  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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