

Pass Through Information

| | |
|------------------------|-------|
| Agency to Pass Through | N/A |
| Amount to Pass Through | \$0 |
| Sub-Contract Approved | Date: |


Prosecutor Review

| | |
|---|---|
| Has the Prosecutor reviewed this agreement? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|---|---|


County Departments Impacted


| | | | |
|---|----------------------|---|------------------------|
| X | Auditor | | Facilities Maintenance |
| | Information Services | | Human Resource |
| X | Prosecutor | X | Treasurer |

Submitted

| | |
|--|----------------|
| Signature:  | Date: 07/06/10 |
| Department: Noxious Weed | |

Assignment of Tracking Information

| | |
|----------------------------------|--|
| Auditor's Office | |
| Human Resource | |
| Prosecutor's Office |  |
| Who Signed the grant application | |

| | |
|--|--------------|
| Reviewer  | Date 7/28/10 |
|--|--------------|