Contract #: CDBG Microenterprise ta Program Guidelines(2) CONTRACT ROUTING SHEET

Date Prepared: 5-27-14	Need Date: 6/13/14
PROCESSING DEPARTMENT:	CONTRACTOR:
Department: CAO/HCED	Name: State of CA HCD/CDBG
Dept. Contact Claybaugh/ C.J. Freeland	Address:
Phone #: Ext. 7539 5/59	
Department	Phone:
Head Signature: Kun Kerr	
CONTRACTING DEPARTMENT:	
Service Requested: SECOND REVIEW - Review a	nd Approve for Board Adoption
	ontract Value: N/A
Compliance with Human Resources requirements?	Yes: N/A No:
Compliance verified by: N/A	
COUNTY COUNSEL: (Must approve all contracts and MOU's)	
COUNTY COUNSEL: (Must approve all contracts an	IN WICE OF
	Date: 6/18/2014 By: K. Whatkham By: S
Approved: Disapproved: D	by. $\frac{\omega}{\omega}$
CDBG Microenterprise Technical Assistance Program	n Guidelines
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PLEASE CALL CJ FREELAND AT EXT. 5159 FOR F	BICK LIB WHEN BEADY
PLEASE CALL CJ FREELAND AT EXT. 5139 FOR F	FICK OF WHEN READT
RISK MANAGEMENT: (All contracts and MOU's ex	cept boilerplate grant funding agreements)
	Date: By:
	Date: By:
	ACCEPTANCE OF THE PROPERTY OF THE PARTY OF T
OTHER APPROVAL: (Specify department/s) partici	nating or directly offeeted by this centrest
OTHER APPROVAL: (Specify department(s) participant paratments:	paing or directly affected by this contract).
Departments: Disapproved: [Date: By:
	Date: By: By:
Approved Disapproved L	Dy

Rev. 12/2000 (GS-GVP)