

CONTRACT ROUTING SHEET

Date Prepared: 1/8/16

Need Date: 1/20/16

PROCESSING DEPARTMENT:

Department: COA/Economic Dev
Dept. Contact: Jeff McLaughlin or CJ
Phone #: Ext. 5159
Department
Head Signature: [Signature]

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: COA/ HCED Programs

Service Requested: Approve Resolution to adopt revised Business Assistance Loan Guidelines
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 1/22/16 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 JAN 11 AM 8:11

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____