

Contract #: RESOLUTION and Revised CDBG Program Income Reuse Plan
CONTRACT ROUTING SHEET

Date Prepared: 10/28/13

Need Date: 11/15/13

PROCESSING DEPARTMENT:

Department: CAO / HCED Programs
Dept. Contact: CJ Freeland
Phone #: Ext. 5159
Department
Head Signature: *Kimberly A. Kerr*
Kimberly A. Kerr, Assistant
Chief Administrative Officer

CONTRACTOR:

Name: California HCD
Address: 2020 W. El Camino, Ste. 500
Sacramento, CA 95811
Phone: 916-319-8100

CONTRACTING DEPARTMENT: CAO/HCED

Service Requested: Program Income Reuse Plan for CDBG activities
Contract Term: 5 years Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11/5/2013 By: J. Sanjeon
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please check to make sure the certificates and
assurances have been sent.

2013 OCT 29 AM 9:37
SILVERADO COUNTY COUNCIL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

TWO ins. Requirements
OK Geisler 11-6-13

13 NOV -5 PM 2:21
HUMAN RESOURCES DEPT.

PLEASE CALL C.J. FREELAND AT EXT. 5159 WHEN READY FOR PICK UP.

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

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