

CONTRACT ROUTING SHEET

Date Prepared: September 10, 2014

Need Date: September 12, 2014

PROCESSING DEPARTMENT:

Department: CDA/Development Services
Dept. Contact: Char Tim
Phone #: X5351
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: **Grant Agreement between
Address: EDC and ARC
Phone: _____

CONTRACTING DEPARTMENT: CDA/Development Services Division

Service Requested: Review of Grant Agreement between EDC and ARC
Contract Term: NA 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: 9/11/14 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2014 SEP 10 PM 4:38

** ADD CONTRACT ADMINISTRATOR.*

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

Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

NOT APPLICABLE

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

Departments: _____
Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____