

Contract # Rehab Loan RESOLUTION and GUIDELINES:  
**CONTRACT ROUTING SHEET**

Date Prepared: 11/13/13

Need Date: 11/21/13

**PROCESSING DEPARTMENT:**

Department: CAO/HCED  
Dept. Contact: C.J. Freeland *gfk*  
Phone #: 621-5159  
Department  
Head Signature: *Aanna Schwartz*

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO/HCED

Service Requested: Amended Program Guidelines  
Contract Term: N/A Contract Value: N/A \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 11/20/13 By: *J. S. [Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Minor corrections only.*  
*corrected [unclear] gfk*

Please call C.J. Freeland at ext. 5159 when ready for pick up.

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

Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: N/A  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY  
C.A.O.  
2013 NOV 14 AM 7:48

*Rec'd 11-22-13*