Contract #: Business Assistance Loan Program Guidelines
CONTRACT ROUTING SHEET

Date Prepared:	1/8/16	Need Date: 1/	22/16 Please Kush
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	COA/Economic Dev	CONTRACTOR: Name: HCD/0 Address: Phone:	CDBG grant program
Service Requeste Contract Term:	DEPARTMENT: COA/ HCED Prod: Approve revised Business AssolvA  Human Resources requirements?		nes for BOS adoption  N/A  No:
Compliance verific		100.	140.
Approved: Approved:		nd MOU's) Date: 2/5/16 Date:	By: K.Markham By:
2/2/16	Mtg. W/ CJ Fruland	to discuss a	005
			- 0
-> U.5	to the 2/2/16 change	s/docs	H TY
			8: OU NSE
RISK MANAGEM Approved:	<b>ENT:</b> (All contracts and MOU's ex Disapproved:	cept boilerplate gran Date:	t funding agreements) By:
Approved:		Date:	By:
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:			
Approved:		Date:	By:
Approved:	Disapproved:	Date:	By: