

CONTRACT ROUTING SHEET

Date Prepared: 1/30/20 - *freeland 2/3/20*

Need Date: 1/18/20 - *?*

PROCESSING DEPARTMENT:

Department: Planning & Building
Dept. Contact: CJ Freeland
Phone #: Ext. 5159
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Planning and Building Department/HCED

Service Requested: Review and approve
Contract Term: _____ Contract Value: _____
Compliance with Human Resources requirements? Yes: _____ No: x
Compliance verified by: _____

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

Approved: [Signature] Disapproved: _____ Date: 2/13/2020 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Conditional - see notes

Corrections made - 2/14/20

[Signature]

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: _____ 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: _____