

CONTRACT ROUTING SHEET

Date Prepared: 7/24/17

Need Date: 8/4/17 **RUSH PLEASE**

PROCESSING DEPARTMENT:

Department: CDS/PBD/HCED
Dept. Contact: C.J. Freeland
Phone #: Ext. 5159
Department
Head Signature: *[Signature]*

CONTRACTOR: Bond Counsel

Name: Jones Hall, APLC
Address: 475 Sansome Street, Suite 1700
San Francisco, CA 94111
Phone: (415)486-4204
Ronald E. Lee
Program Administrator for Counsel

CONTRACTING DEPARTMENT: Board of Supervisors (8/29/17 hearing date)

Service Requested: Approve Resolution for TEFRA Hearing
Contract Term: _____ 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: 7/27/17 By: JOS
Approved: _____ Disapproved: _____ Date: _____ By: _____

With changes as noted
changed made
7/25/17 - ajr
EL DOMINO COUNTY COUNSEL
2017 JUL 24 PM 3:27

PLEASE CALL C.J. Freeland 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: _____