

CONTRACT ROUTING SHEET

Date Prepared: 8/16/19

Need Date: 8/27/19

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Jennifer Franich
Phone #: X7539
Department
Head Signature: *JF*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: n/a

Service Requested: Review resolution for property tax increment distribution.
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: 9/3/19 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
AUG 19 2019
Colo

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 9/4/19 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____
Resolution for Tax distribution

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____