

# CONTRACT ROUTING SHEET

Date Prepared: 3-30-2017

Need Date: 4-7-2017


**PROCESSING DEPARTMENT:**

Department: County Counsel

Dept. Contact: David Livingston

Phone #: X5770

Department

Head Signature: 

Michael Ciccozzi

**CONTRACTOR:**

Name: Resolution

Address: On BOS for 4-25-2017

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** COUNTY COUNSEL

Service Requested: Resolution regarding adopting outside billing rates for County Counsel

Contract Term: N/A Contract Value: N/A

Compliance with Human Resources requirements? N/A X

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/4/17 By: D. Livingston 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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