

# CONTRACT ROUTING SHEET

Date Prepared: 8/7/09

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Development Services  
Dept. Contact: Roger Trout  
Phone #: x5369  
Department: \_\_\_\_\_  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

EL PASO COUNTY COUNSEL  
2109 AUG -7 PM 3:51

**CONTRACTING DEPARTMENT:** Development Services

Service Requested: Please review attached Ordinance  
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: Jam Disapproved: \_\_\_\_\_ Date: 8/10/09 By: Justin Beck  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please see change as marked*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/10/09 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

HUMAN RESOURCES DEPT  
09 AUG 10 PM 2:25

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

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