

Counsel please include this information in your billing description.	> Contract #: 15 - 41493	Legistar #: 15-0787	P & C #: NA
	> Index Code: 306500		Activity Code: 25000
	> Project Description:	Disadvantaged Business Enterprise Annual Submittal for Federal Fiscal Year 2015-2016	
	>		

RESOLUTION ROUTING SHEET

PROCESSING DEPARTMENT:

CONTRACTOR: NA

Department: Community Development Agency

Division: Administration and Finance

Dept Contact: Kady Leitner

Phone: x5150

Dept Head Signature: S. R. Ewert
 Sandy Ewert
 Senior Department Analyst

CONTRACTING DEPT:

Service Requested: **Review && Approve**

Contract Term: **NA**

Contract/Amendment Amount: **0**

Compliance with Human Resources Requirements: Yes: X No: _____

Compliance verified by: **Contract Notification Sent: NA - Resolution**

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ✓ Disapproved: _____ Date: 6/18/15 By: D. Lindstrom
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please forward to Risk Management upon approval.

RISK MANAGEMENT: (All contracts and MOUs 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)

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