

# CONTRACT ROUTING SHEET

Date Prepared: December 1, 2014

Need Date: December 1, 2014

**PROCESSING DEPARTMENT:**

Department: CDA/Development Services  
Dept. Contact: Char Tim  
Phone #: X5351  
Department: \_\_\_\_\_  
Head Signature: 

**CONTRACTOR:**

Name: \*\*ALUCP General Plan  
Address: Amendment Resolution  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CDA/Development Services Division

Service Requested: Review of General Plan Amendment Resolution for ALUCP  
Contract Term: NA 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: 12/2/14 By: D. Livingston  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2014 NOV 31 AM 11:37

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

Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2014 DEC -1 AM 11:42

**NOT APPLICABLE**

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

Departments: \_\_\_\_\_  
Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_