

CONTRACT ROUTING SHEET

Date Prepared: 1/30/20

Need Date: 2/18/20

PROCESSING DEPARTMENT:

Department: Planning & Building
Dept. Contact: CJ Freeland/HCED
Phone #: Ext. 5159
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: State of California/HCD
Address: Division of Financial Assistance
2020 W. El Camino Ave.
Sacramento CA 94252
Phone: 916-263-6928

CONTRACTING DEPARTMENT: Planning and Building Department/HCED

Service Requested: Review and approve

Contract Term: _____ Contract Value: _____

Compliance with Human Resources requirements? Yes: _____ No: x

Compliance verified by: _____

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

Approved: *[Signature]* Disapproved: _____ Date: 2/13/2020 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

as to form only

Please call C.J. Freeland at ext. 5159 when ready for pick up

RISK MANAGEMENT: (All contracts and MOU's 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).

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