

CONTRACT ROUTING SHEET

Date Prepared: 9-4-19

Need Date: 9-20-19

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

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: [check] Disapproved: _____ Date: 9/19/19 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____
See minor typo corrections

RECEIVED
Co Co
SEP 05 2019
BY: K H@345 Bm

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: _____