

# CONTRACT ROUTING SHEET

Date Prepared: 4/15/20

Need Date: 4/27/20

**PROCESSING DEPARTMENT:**

Department: CDS/Planning & Building

Dept. Contact: CJ Freeland

Phone #: Ext. 5159

Department

Head Signature: *[Signature]*

**CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CDS/ Planning and Building Department

Service Requested: Review and Approve Resolution to submit application for funding

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: ✓ Disapproved: \_\_\_\_\_ Date: 4/21/2020 By: K. Markham

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

*See minor typo*

Corrected and noted-cjf

*See note on second page*

EDC COUNTY COUNSEL  
2020 APR 15 PM 12:57

**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: \_\_\_\_\_