


Contract #: N/A - Resolution
Index Code: 408110

CONTRACT ROUTING SHEET

Date Prepared: 06-12-2014

Need Date: 07-16-2014
~~Rush, please~~

PROCESSING DEPARTMENT:

Department: HHSA/Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: 
Don Ashton, M.P.A., Director

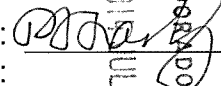
CONTRACTOR:

Name: CSA 3 Annual Benefit Assessment
Address: Resolution
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency/Public Health

Service Requested: Resolution regarding annual benefit assessment on improved parcels in SLT.
Contract Term: Tax Year 2014-2015 Contract/Grant Value: \$
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: N/A

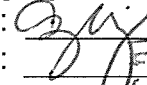
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 7/8/14 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORA DO COUNTY COUNSEL
2014 JUL - 2 PM 1 12

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: _____ Date: 7/9/14 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Nothing for Risk

JUL - 9 AM 8: 1

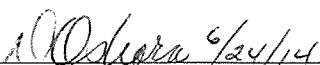
Please contact _____ for pick-up. Thank you!


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


NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: Information Technologies

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

 6/24/14
Contracts Supe Review/Date

 6/13/14
Program Mgr, Review/Date


CFO Review/Date
6/27/14

 7/1/14
Asst. Director Review/Date