

June

|  |   |   |                        |           |
|--|---|---|------------------------|-----------|
| Counsel please include this information in your billing description. | > | Resolution #: 13-41424  | Legistar # 13-0545     | P&C # N/A |
|  | > | Index Code: Various -   | Charge To #: No Charge |           |
|  | > | Special Districts   |                        |           |
|  | > | Project Description: Resolution and Hearing - CSA #10 Waste Management Fees |                        |           |

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: CDA/Admin & Finance Division  
 Dept. Contact: Ruth Young  
 Phone: x5934

Authorized Signature: *Ruth Young* 5/9/13  
 Ruth Young  
 Chief Fiscal Officer, CDA Administration & Finance Division

### CONTRACTOR:

Name: Fees Resolution and Hearing - CSA #10  
 Address: Zones of Benefit, Fiscal Year 2013/2014  
 Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: CDA, Administration & Finance Division

Service Requested of Counsel/Risk: Review & Approve

Contract Term: \_\_\_\_\_ Contract/Amendment Amount: \$ \_\_\_\_\_

Compliance with Human Resources Requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: N/A - Resolution

### COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved:  Disapproved: \_\_\_\_\_ Date: 5/13/2013 By: J. San Pedro  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
 2013 MAY 10 11:03

*Subject to the ~~check~~ mark-ups to the Resolution and Legistar report. Please call for any questions.*

*Corrections/Edits made as indicated. By 5/17/13*

### RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

### RISK MANAGEMENT REVIEW NOT REQUIRED - PLEASE RETURN DIRECTLY TO COMMUNITY DEVELOPMENT AGENCY, ADMINISTRATION AND FINANCE DIVISION

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

Department(s): \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_