

Contract #: RESOLUTION - HOME Program Guidelines AND Designated Official
CONTRACT ROUTING SHEET

Date Prepared: 4-25-17

Need Date: 5/8/17

PROCESSING DEPARTMENT:

Department: CDA/HCED
Dept. Contact: C.J. Freeland
Phone #: Ext. 5159
Department
Head Signature: [Signature]
Supervisor: AK

CONTRACTOR:

Name: State of CA HCD/HOME
Address: _____
Phone: _____
Grant # 15-HOME-10891

CONTRACTING DEPARTMENT:

Service Requested: Review and Approve RESOLUTION for Board Adoption
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: N/A

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

Approved: ✓ Disapproved: _____ Date: 5/17/17 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE CALL CJ FREELAND AT EXT. 5159 FOR PICK UP WHEN READY

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

Approved: N/A 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: _____

LA SORADO COUNTY COUNSEL
2017 APR 28 PM 1:04