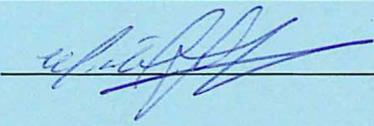


CONTRACT ROUTING SHEET

Date Prepared: January 4, 2016

Need Date: January 5, 2016

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Jeff McLaughlin
Phone #: 621-5595
Department
Head Signature: 

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Chief Administrative Office

Service Requested: Resolution to apply for EDA Grant

Contract Term: _____ Contract Value: _____ \$

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: N/A

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

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: _____

