

CONTRACT ROUTING SHEET

Date Prepared: 12/12/17

Need Date: 12/14/17

PROCESSING DEPARTMENT:

Department: Auditor-Controller
Dept. Contact: Keely Cleland *Keely*
Phone #: 5421
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Carson Creek CFD 2018 Bonds
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Auditor-Controller

Service Requested: Review Resolution, Supp to Fiscal Agent Agmt, Bond Purchase Agmt, POS for CFD 2014-1
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 12/14/2017 By: *JDS*
Approved: _____ Disapproved: _____ Date: _____ By: _____

See email.

EL DORADO COUNTY COUNSEL
2017 DEC 12 AM 10:29

~~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: BOS
Approved: X Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
17-0586, 17-1240