Contract #: CDBG Business Loan Program Guidelines(2) CONTRACT ROUTING SHEET

Date Prepared:	5-27-14	_ Need Date:	6/13/14
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: CAO/HCED Jim Claybaugh/ C.J. Freeland Ext. 7539 Lim Lea	CONTRACTO Name: Sta Address: Phone:	DR: ate of CA HCD/CDBG
Contract Term: Compliance with Compliance verification.	ed: SECOND REVIEW - Rev N/A Human Resources requiremented by: N/A SEL: (Must approve all contra	Contract Value: nts? Yes: N/ cts and MOU's) 7/2/	N/A No:
Approved:	Disapproved: Disapproved: Disapproved: Oan Program Guidelines Odd 7/2/30/4	Date: Date:	By: K. Markey By: By: 30 PM 3: 34
	J FREELAND AT EXT. 5159 F IENT: (All contracts and MOU Disapproved: Disapproved:		
OTHER APPROV Departments: Approved: Approved:	/AL: (Specify department(s) p Disapproved: Disapproved:	participating or directly a Date: Date:	affected by this contract). By: By:

Rev. 12/2000 (GS-GVP)