

Contract # 2ND REVIEW Rehab Loan GUIDELINES:
CONTRACT ROUTING SHEET

Date Prepared: 2/28/14

Need Date: 3/6/14 PLEASE RUSH

PROCESSING DEPARTMENT:

Department: CAO/HCED
Dept. Contact: C.J. Freeland
Phone #: 621-5159
Department
Head Signature: *Aura Schwartz 2/28*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

Public hearing delayed to 4-1-14

CONTRACTING DEPARTMENT: CAO/HCED

Service Requested: Approve Amended Program Guidelines
Contract Term: N/A Contract Value: N/A \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

EL DORADO COUNTY COUNSEL
2014 MAR -3 PM 1:07

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

Approved: Disapproved: _____ Date: 3/13/2014 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Previously approved on 11/20/13 prior to addition of water/sewer lateral hook up as eligible activity on page 29.

RECEIVED
HUMAN RESOURCES DEPT.
14 MAR 13 PM 3:09

Please call C.J. Freeland at ext. 5159 when ready for pick up.

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

Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: N/A Disapproved: _____ Date: _____ By: _____

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

Departments: N/A
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____