CONTRACT ROUTING SHEET **Date Prepared:** 06/21/2010 **Need Date:** 06/29/2010 PROCESSING DEPARTMENT: CONTRACTOR: Department: **Development Services** Name: Dept. Contact: Address: Phone #: 5369 Department Phone: **Head Signature: CONTRACTING DEPARTMENT: Development Services - Building Fee Resolution** Service Requested: **Contract Term:** Contract/Amendment Value: Compliance with Human Resources requirements? Yes: No: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: Approved: Disapproved: Date: Bv: See Commes 0.8 6 C53 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:

Contract #: