

Contract # Revised CDBG Program Income Reuse Plan:
CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: 11/29/12

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Ren Scammon
Phone #: Ext. 4852
Department: CSD - HCED Programs
Head Signature: Daniel Nielson
Daniel Nielson, M.P.A.

CONTRACTOR:

Name: California HCD
Address: 1800 3rd St, Ste. 330
Sacramento, CA 95811
Phone: 916-319-8100

CONTRACTING DEPARTMENT:

Service Requested: _____
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: 11/29/2012 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Revised El Dorado County Program Income Reuse Plan to ensure ongoing compliance with changes to statutes and regulations pursuant to the Community Development Block Grant (CDBG) Program under CFR Section 570.489 (e)(1) [CDBG Final Rule 2012.

Ⓢ Please see attached memo.

EL DORADO COUNTY COUNSEL
2012 NOV 29 PM 3:24

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: _____

PLEASE CALL C.J. FREELAND AT EXT. 4863 WHEN READY FOR PICK UP. THANKS!

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

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