

# CONTRACT ROUTING SHEET

Date Prepared: 7/9/14

Need Date: 7/14/14 RUSH Please

**PROCESSING DEPARTMENT:**

Department: CAO/HCED  
Dept. Contact: C.J. FREELAND  
Phone #: Ext. 5159  
Department  
Head Signature: [Signature]

*[Handwritten initials]*

**CONTRACTOR:** ~~\_\_\_\_\_~~

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Housing, Community and Economic Development Programs

Service Requested: SECOND REVIEW – TEFRA Resolution for Glenview Apartments  
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: 7/18/2014 By: K. Waskham  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

COLORADO COUNTY COUNSEL  
JUL 15 AM 11:19

Please call C.J. Freeland at ext. 5159 for Pick Up when approved.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: N/A 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: \_\_\_\_\_