

CONTRACT ROUTING SHEET

Date Prepared: 7/22/14

Need Date: 7/31/14 (bos item)

PROCESSING DEPARTMENT:

Department: CAO/HCED
Dept. Contact: C.J. Freeland
Phone #: Ext. 5159
Department
Head Signature: Laura Schwartz

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: HCED

Service Requested: County CA Debt Limit Bond Allocation Assignment to CHF
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: 7/30/2014 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

2014 JUL 25 AM 11:01
COLORADO COUNTY COUNSEL

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

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: _____