

CONTRACT ROUTING SHEET

Date Prepared: 10/16/13

Need Date: 11/1/13

PROCESSING DEPARTMENT:

Department: CAO/HCED Program
Dept. Contact: C.J. Freeland
Phone #: Ext. 5159
Department
Head Signature: Kimberly A. Kerr
Kimberly A. Kerr, Assistant CAO

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Reso to change Authorizing Official for HCED program grants
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: Contingent Disapproved: _____ Date: 10/18/2013 By: K. Markham
Approved: ✓ Disapproved: _____ Date: 10/23/2013 By: K. Markham

10/21/13 See edits and question on Reso
See revisions and attached memo with explanation

EL DORADO COUNTY COUNSEL
OCT 16 PM 2:50

Please call C.J. Freeland, 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: _____

EL DORADO COUNTY COUNSEL
OCT 23 PM 2:30

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

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