

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Recorder/Clerk
Dept. Contact: Jane Kohlstedt
Phone #: X5493
Department Head
Signature: [Signature]

CONTRACTOR:

Name: Resolution for
Address: Board of Supervisors
Phone: _____

CONTRACTING DEPARTMENT:

Recorder/Clerk
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: N/A

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 8/13/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Resolution to raise fees.
8/13 Mtg w J. Kohlstedt - Dept will add info re other geographic areas and fee study mentioned in Resolution

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). Department(s): _____

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