

# CONTRACT ROUTING SHEET

Date Prepared: 3/18/10

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Development Services  
Dept. Contact: Shawna Purvines  
Phone #: Ext. 5362  
Department: HCED Programs  
Head Signature: Roger Trout 3-18-10  
Roger Trout, Director

**CONTRACTOR:**

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

**CONTRACTING DEPARTMENT: DEVELOPMENT SERVICES**

Service Requested: Resolution Review and Approval  
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3-19-10 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolution authorizing submittal of an application for funding under the Community Development Block Grant Program Fiscal Year 2010-2011 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3/23/10 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please call C.J. Freeland at Dev. Services for pick up --- ext. 5347

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_