

Contract # RESOLUTION for 15-HOME-10891 Grant Agreement
CONTRACT ROUTING SHEET

Date Prepared: 9/12/16

Need Date: 9/19/16 PLEASE RUSH

PROCESSING DEPARTMENT:

Department: CDA / HCED Programs
Dept. Contact: CJ Freeland
Phone #: Ext. 5159
Department Head Signature: *A.M. Pedhazh*
Community Development Agency

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: State HCD Standard Agreement for HOME grant award
Contract Term: 3 years Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 9/20/16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 SEP 13 AM 11:34

PLEASE CALL C.J. 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: _____