

RESOLUTION ACCEPTING ANNUAL CFD REPORTS SB 165  
CONTRACT ROUTING SHEET

Date Prepared: 11/17/16

Need Date: 11/22/16

**PROCESSING DEPARTMENT:**

Department: AUDITOR CONTROLLER

Dept. Contact: Joe Harn

Phone #: 5456

Department: \_\_\_\_\_

Head Signature: [Signature]

**CONTRACTOR:**

Name: NA

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Auditor Controller

Service Requested: Review & Approve Resolution

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: 11/21/16 By: [Signature]

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

DORADO COUNTY COUNSEL  
2016 NOV 17 PM 1:02

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

Nothing for RISK

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

Departments: \_\_\_\_\_

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

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