

Contract # RESOLUTION for Revised CDBG Program Income Reuse Plan:
CONTRACT ROUTING SHEET

Date Prepared: 11/30/12

Need Date: 11/30/12

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Ren Scammon
Phone #: Ext. 4852
Department: CSD - HOED Programs
Head Signature: [Signature]
Daniel Nielson, M.P.A.

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: N/A -
Contract Term: 5 year 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: See below Disapproved: _____ Date: 12/3/2012 By: R. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Revised with County Counsel suggestions: RESOLUTION APPROVING THE REVISED EL DORADO COUNTY PROGRAM INCOME REUSE PLAN GOVERNING ELIGIBLE COMMUNITY DEVELOPMENT BLOCK GRANT-ASSISTED ACTIVITIES

Resolution requires County Counsel review and approval – initials confirm approval. [Initials]

Conditional - Correct typo in 4th WHEREAS paragraph. The word "Established" should be ESTABLISHES. This does not need to be returned if typo is corrected.

EL DORADO COUNTY COUNSEL
NOV 30 PM 3:59

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: _____

PLEASE CALL C.J. FREELAND AT EXT. 4863 WHEN READY FOR PICK UP. THANKS!

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

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