

Counsel please include this information in your billing description.	>	Resolution #: 13-41420	Legistar # 13-0520	P&C # N/A
	>	Index Code: Various -	Charge To #: No Charge	
	>	Special Districts		
	>	Project Description: Assessment Resolution and Hearing - CSA #9 Benefit Assessments		

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: CDA/Admin & Finance Division  
 Dept. Contact: Ruth Young  
 Phone: x5934

Authorized Signature: *Ruth Young* 5/9/13

Ruth Young  
 Chief Fiscal Officer, CDA Administration & Finance Division

**CONTRACTOR:**

Name: Assessment Resolution and Hearing - CSA #9  
 Address: Zones of Benefit, Fiscal Year 2013/2014

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

**CONTRACTING DEPARTMENT:** CDA, Administration & Finance Division

Service Requested of Counsel/Risk: Review & Approve

Contract Term: \_\_\_\_\_ Contract/Amendment Amount: \$ \_\_\_\_\_

Compliance with Human Resources Requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: N/A - Resolution

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved:  Disapproved: \_\_\_\_\_ Date: 5/13/2013 By: J. Sanfelix

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

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EL DORADO COUNTY COUNSEL  
 2013 MAY 10 AM 11:33

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

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

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

**RISK MANAGEMENT REVIEW NOT REQUIRED - PLEASE RETURN DIRECTLY TO COMMUNITY DEVELOPMENT AGENCY, ADMINISTRATION AND FINANCE DIVISION**

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

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

Department(s): \_\_\_\_\_

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

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

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