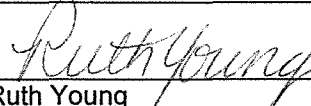


Counsel please include this information in your billing description.	>	Resolution #: 15-41483	Legistar # 15-0513	P&C # N/A
	>	Index Code: Various –	Charge To #: No Charge	
	>	Special Districts		
	>	Project: Assessment Resolution and Hearing – CSA #3 Benefit		
>	Description: Assessments			

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:		CONTRACTOR:	
Department:	<u>CDA/Admin & Finance Division</u>	Name:	<u>Assessment Resolution and Hearing – CSA #3</u>
Dept. Contact:	<u>Ruth Young</u>	Address:	<u>Zones of Benefit, Fiscal Year 2015/2016</u>
Phone:	<u>x5934</u>	Phone:	_____
Authorized Signature:	 Ruth Young Chief Fiscal Officer, CDA Administration & Finance Division		

CONTRACTING DEPARTMENT: CDA, Administration & Finance Division
Service Requested of Counsel/Risk: Review & Approve
Contract Term: _____ **Contract/Amendment Amount:** \$ 578,504.00
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: 5/18/2015 By: J-San Pedro
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 2015 MAY 15 11:11:3

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: _____

