

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/14/2021

Need Date: 10/06/2021

PROCESSING DEPARTMENT:

Department: Planning and Building Department
Dept. Contact: C.J. Freeland
Phone: ext. 5159 or (530) 391-6449 cell
Department Head Signature: Tiffany Schmid Digitally signed by Tiffany Schmid
Date: 2021.09.15 14:16:03 -07'00'

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____
Org Code: 3735030
Project # _____
(if applicable): _____
Funding Source: HOME grant

CONTRACTING DEPARTMENT: Planning and Building Department / HCED Program

Service Requested: Review revised resolution for 2019 amended HOME grant application.

Description: Amend resolution to add additional program activity to grant application (per HCD)

Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: Date: 09/16/2021 By: Kathleen Digitally signed by Kathleen
Date: 2021.09.16 15:36:53
-07'00'
Approved: Disapproved: Date: _____ By: _____

SUBJECT TO CORRECTION NOTED ON DOCUMENT

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: cynthia.freeland@edcgov.us

Thank you!