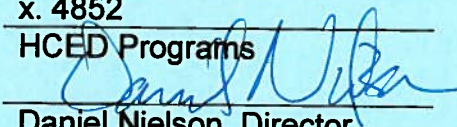


CDBG and HOME Relocation Assistance Plan #: Resolution  
**CONTRACT ROUTING SHEET**

Date Prepared: 6/29/11

Need Date: July 14, 2011

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Ren Scammon  
Phone #: x. 4852  
Department: HCED Programs  
Head Signature:   
Daniel Nielson, Director


**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: CDBG Resolution Approval  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_  
Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7-18-11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolution adopting Residential Anti-Displacement and Relocation Assistance Plan required of all grantees of Community Development Block Grant (CDBG) funds or HOME Investment Partnerships (HOME) funds.

Resolution requires County Counsel review and approval – initials confirm approval.  

PLEASE CALL C.J. FREELAND AT EXT. 4863 WHEN READY FOR PICK-UP. THANK YOU.

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

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

N/A

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

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