

Counsel please include this information in your billing description.	>	Resolution #: 14-41453	Legistar # 14-0702	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*

Ruth Young  
Chief Fiscal Officer, CDA Administration & Finance Division

**CONTRACTOR:**

Name: Assessment Resolution and Hearing – CSA #9

Address: Zones of Benefit, Fiscal Year 2014/2015

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: 5/22/14 By: *J. Smith*

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

---

---

---

---

---

---

---

---

---

---

EL DORADO COUNTY COUNSEL

**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: \_\_\_\_\_

---

---

---