## CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:       CONTRACTOR:         Department:       CDA/Development Services       Name:       **Grant Agreement between         Department:       K5351       Phone #:       EDC and ARC         Department       Phone #:       K5351       Phone:       Phone:         Department       Phone #:       K5351       Phone:       Phone:       Phone:         CONTRACTING DEPARTMENT:       CDA/Development Services Division       Service Requested:       Review of Grant Agreement between EDC and ARC         Contract Term: NA       Contract Value:       \$0.00       Contract Value:       \$0.00         Compliance with Human Resources requirements?       Yes:       No:	Date Prepared:	September 10, 2014	Need Date:	September 12, 2014
Service Requested: Review of Grant Agreement between EDC and ARC Contract Term: NA Contract Value: \$0.00 Compliance with Human Resources requirements? Yes: No: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By:	Department: Dept. Contact: Phone #: Department Head Signature:/	CDA/Development Services Char Tim X5351	Name: <u>**G</u> Address: <u> </u>	rant Agreement between EDC and ARC
Contract Term: NA       Contract Value:       \$0.00         Compliance with Human Resources requirements?       Yes:       No:         Compliance verified by:				
Approved:	Contract Term: _ Compliance with	NA ( Human Resources requirements?	Contract Value:	\$0.00
	Approved:	Disapproved: Disapproved:	Date: 9/11/14	By: By:
RISK MANAGEMENT:       (All contracts and MOU's except boilerplate grant funding agreements)         Approved:       N/A         Disapproved:       Date:         By:	- * ADr	D CONTRACT ADMINISTRATO	<u>}</u>	
Approved: N/A Disapproved: Date: By:     Approved: Disapproved: Date: By:     NOT APPLICABLE     OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).   Departments:   Approved: N/A   Disapproved:				
Approved: N/A Disapproved: Date: By:     Approved: Disapproved: Date: By:     NOT APPLICABLE     OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).   Departments:   Approved: N/A   Disapproved:				
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OTHER APPROVAL:       (Specify department(s) participating or directly affected by this contract).         Departments:				
Departments:				
Approved:         N/A         Disapproved:         Date:         By:		/AL: (Specify department(s) partic	ipating or directly a	ffected by this contract).
	Approved: N/A			