	CONTRACT I	CDBG Grant Application #: <u>Resolution</u>	
Date Prepared:	1/14/14	Need Date: ASAP 1/21/14	
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	CAO/HCED & PARKS CJ FREELAND x. 5159	CONTRACTOR: Name: Address: Phone:	
Service Requeste Contract Term: Compliance with I	Compliance with Human Resources requirements? Yes: N/A No: Compliance verified by:		
Approved:	Disapproved: Disapproved: es County Counsel review and	Date:By: <u>R</u> . Markhann Date:By:By: approval Changes	
PLEASE CALL CJ FREELAND AT EXT. 5159 WHEN READY FOR PICK UP RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)			
Approved: Approved:	Disapproved: Disapproved:	Date: By: Date: By:	
OTHER APPROV Departments: Approved: Approved:	/AL: (Specify department(s) p Disapproved: Disapproved:	Date: By: Date: By: Date: By: NN COUNTY OG 00 NM I: OUNTY OG 00 NM I: OUNTY OG 00 NM I: OUNTY OG 00 NM I: OUNTY	