

Counsel please include this information in your billing description.	>	Resolution #: 16-41517	Legistar # 16-0408	P&C # N/A
	>	Index Code: Various –		
	>	Special Districts	Charge To #: No Charge	
	>	Project Description: Assessments	Assessment Resolution and Hearing – CSA #3 Benefit	

## CONTRACT ROUTING SHEET

<b>PROCESSING DEPARTMENT:</b> Department: <u>CDA/Admin &amp; Finance Division</u> Dept. Contact: <u>Ruth Young</u> Phone: <u>x5934</u> Authorized Signature: <u><i>Ruth Young</i></u> Ruth Young Chief Fiscal Officer, CDA Administration & Finance Division	<b>CONTRACTOR:</b> Name: <u>Assessment Resolution and Hearing – CSA #3</u> Address: <u>Zones of Benefit, Fiscal Year 2016/2017</u> Phone: _____
--	--

**CONTRACTING DEPARTMENT:** CDA, Administration & Finance Division  
**Service Requested of Counsel/Risk:** Review & Approve

Contract Term: \_\_\_\_\_ **Contract/Amendment Amount:** \$ 582,346  
 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: 5/17/2016 By: J. San Pedro  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
 2016 MAY -2 AM 10:42

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