

Contract #: CDBG Grant App-2
Index Code: 531233

CONTRACT ROUTING SHEET

Date Prepared: 3/25/13

Need Date: 4/1/13

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: C.J. Freeland
Phone #: Ext. 4863
Department: HCED Programs
Head Signature: [Signature]
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Health and Human Services Agency/
Service Requested: Resolution Review and Approval - 2
Contract Term: Application Resolution Only Contract/Grant Value: _____
Compliance with Human Resources requirements? N/A x Yes _____ No: _____
Compliance verified by: _____

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

Approved: [check] Disapproved: _____ Date: 3/27/2013 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Second Draft Resolution authorizing submittal of an application for funding under the Community Development Block Grant Program general allocation Fiscal Year 2013-14 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto. Reso approval required for BOS agenda item on 4/9/13 with 3/28/13 deadline to program.

BOS Conceptual approval received 2/26/13 Legistar # 13-0105

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

Minor typo needs to be corrected on 2nd page

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
013 MAR 27 AM 8:00

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.
Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE CALL C.J. Freeland WHEN READY FOR PICK UP, EXT. 4863