

Contract #: CDBG Microenterprise Loan Program Guidelines(2)
CONTRACT ROUTING SHEET

Date Prepared: 5-27-14

Need Date: 6/13/14

PROCESSING DEPARTMENT:

Department: CAO/HCED
Dept. Contact: Jim Claybaugh/ C.J. Freeland
Phone #: Ext. 7539 5159
Department
Head Signature: [Signature]

CONTRACTOR:

Name: State of CA HCD/CDBG
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: SECOND REVIEW - Review and Approve for Board Adoption
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: N/A

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

Approved: [check] Disapproved: _____ Date: 6/18/2014 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

CDBG Microenterprise Financial Assistance Program Guidelines

Guidelines only as Revised 6/18/2014

EL DORADO COUNTY COUNSEL
2014 MAY 30 PM 3:34

PLEASE CALL CJ FREELAND AT EXT. 5159 FOR PICK UP WHEN READY

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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