## CONTRACT ROUTING SHEET



Need Date: 6/13/14
CONTRACTOR:
Name: $\quad$ State of CA HCD/CDBG Address: $\qquad$
Phone:

## CONTRACTING DEPARTMENT:

Service Requested: SECOND REVIEW - Review and Approve for Board Adoption Contract Term: N/A Contract Value:
Compliance with Human Resources requirements?
Yes: N/A N/A

Compliance verified by: N/A
COUNTY COUNSEL: (Must approve all contracts and MOU's) $7 / 2 / 2014$
Approved: Approved: Disapproved: Disapproved: $\qquad$ Date:
 KiM
By:
By: $\qquad$

## CDBG Business Loan Program Guidelines

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## 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: Disapproved: $\qquad$
Date: Date:
By: By:
Approved: $\qquad$
$\qquad$

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
Approved: $\qquad$ Disapproved:
Date:
By:
Approved: Disapproved: Date: By:

