

# CONTRACT ROUTING SHEET

Date Prepared: 1/29/14

Need Date: 2/3/14

**PROCESSING DEPARTMENT:**

Department: CAO/Economic Development

Dept. Contact: Jim Claybaugh

Phone #: xt. 7539

Department

Head Signature: *[Signature]* for Kim Kerr

**CONTRACTOR:**

Name: N/A

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Chief Administrative Office – Economic Development Division

Service Requested: Review New BOS Policy J-6 Economic Development Incentives

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/30/2014 By: J. Sniffel

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

As to form. Please see changes and comments to the draft.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ 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: \_\_\_\_\_