

Counsel please include this information in your billing description.	>	Resolution #: XXX-2017	Legistar # 17-0499	P&C # N/A
	>	Index Code: Various – Special Districts		Charge To #: No Charge
	>	Project Description: Assessment Resolution and Hearing – CSA #9 Benefit Assessments		
	>			

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: CDA Admin & Finance
 Dept. Contact: Karen Coleman
 Phone: X6050

CONTRACTOR:

Name: Assessment Resolution and Hearing – CSA #9
 Address: Zones of Benefit, Fiscal Year 2017/18

Authorized Signature: *Karen Coleman* Phone: X6050
 Karen Coleman
 Chief Fiscal Officer, CDA Administration & Finance Division

CONTRACTING DEPARTMENT: CDA Administration & Finance Division

Service Requested of Counsel/Risk: Review & Approve
 Contract Term: _____ Contract/Amendment Amount: \$336,929
 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: 5/24/17 By: Bre Muebius
 Approved: _____ Disapproved: _____ Date: _____ By: _____

*Please see edits on draft.
 edits made as indicated*

BK

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: _____