

Counsel please include this information in your billing description.	>	Resolution #: XXX-2017	Legistar # 17-0498	P&C # N/A
	>	Index Code: Various – Special Districts	Charge To #: No Charge	
	>	Project Description:	Assessment Resolution and Hearing – CSA #3 Benefit Assessments	

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Assessment Resolution and Hearing – CSA #3
 Address: Zones of Benefit, Fiscal Year 2017/18

Authorized Signature: Karen E. 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: \$583,300

Compliance with Human Resources Requirements? Yes: N/A No: _____

Compliance verified by: N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: X Disapproved: _____ Date: 5/24/17 By: Bre Moebius
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 2017 MAY -9 PM 3:33
 please see edits on draft
 edits made as indicated
 BR

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: _____