


Contract #: N/A - Resolution  
Index Code: 408110

# CONTRACT ROUTING SHEET

Date Prepared: 06-24-2013

Need Date: ~~07~~ ASAP, Please

**PROCESSING DEPARTMENT:**

Department: HHSA/Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: Ext. 7154  
Department  
Head Signature:   
Janet Walker-Conroy, Interim Director

**CONTRACTOR:**

Name: CSA 3 Benefit Assessment  
Address: Resolution  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency/Public Health

Service Requested: Resolution regarding Benefit Assessment fee on improved parcels in SLT.  
Contract Term: Tax Year 2013-2014 Contract/Grant Value: \$0  
Compliance with Human Resources requirements? Yes No  
Compliance verified by: N/A

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/2/2013 By: R. Markham  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

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

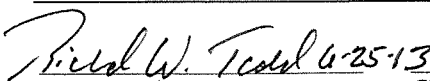
*Nothing for Risk to Approve*

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

**NOTE:** All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: \_\_\_\_\_

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

 6/25/13  
PM Review/Date CFO Review/Date 6/28/13

 6/28/13  
Contracts Supe Review/Date

RECEIVED  
HUMAN RESOURCES DEPT  
JUL -5 AM 8:53

EL DORADO COUNTY COUNSEL  
2013 JUL 1 PM 3:52