Contract #: RESOLUTION - TEFRA Hearing

CONTRACT ROUTING SHEET

Date Prepared:	6/28/17	Need Date	e: 7/11/17 RUSH PLEASE	
PROCESSING Di Department:	EPARTMENT: CDS/PBD/HCED	CONTRAC Name:	CTOR: Bond Counsel HAWKINS DELAFIELD & WOOLLLP	D
Dept. Contact:	C.J. Freeland	Address:	One Embarcadero Center, Suite 3820	
Phone #:	Ext. 5159		San Francisco, CA 94111	
Department	11	Phone:	(415)486-4204	
Head Signature:	Roger Woul 6:	25-17	Alexis Harrington	
	1 X		Program Administrator for Couns	sel
CONTRACTING I	DEPARTMENT: Board	of Supervisors (8/8/17 h	nearing date)	
	d: Approve Resolution			
Contract Term:		Contract Value:	\$0.00	
	Human Resources require	ements? Yes:	No:	
Compliance verifie	ed by:			
	EL: (Must approve all co		1	
Approved:	Disapproved:		9/17 By: HS	
Approved:	Disapproved:	Date:	By:	
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PLEASE CALL C.	J. Freeland when ready f	or pick up.	N	
			e grant funding agreements)	
Approved:	Disapproved: Disapproved:	Date: Date:	By: By:	
Approved.	Disapproved	Date.	Бу.	
OTHER APPROVA	AL: (Specify department	(s) participating or direct	tly affected by this contract).	
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	

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