## Contract # RESOLUTION - CDBG:

## CONTRACT ROUTING SHEET

Date Prepared: 9/27/17	Need Date: Wednesday, 10/13/17
PROCESSING DEPARTMENT:  Department: Dept. Contact: Phone #: Department Head Signature:  PROCESSING DEPARTMENT:  CDS/Planning & Building  CJ Freeland  Ext. 5159  Ext. 5159	CONTRACTOR: Name: Address: Phone:
CONTRACTING DEPARTMENT: _CDS/ Planning and Building Department  Service Requested: _Review and Approve Resolution for grant funding application  Contract Term: Contract Value:  Compliance with Human Resources requirements? Yes: No: X  Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's)	
	Date: 10/12/17 By: D. LIVINGTON
T 0	ready for pick up
RISK MANAGEMENT: (All contracts and Management: (All contracts and Management: Disapproved:	OU's except boilerplate grant funding agreements)  Date: By: Date: By:
Departments: Disapproved:	s) participating or directly affected by this contract).  Date: By:
Approved: Disapproved:	Date: By:

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