

CONTRACT ROUTING SHEET

Date Prepared: 01/05/2018

Need Date: January 26, 2018

PROCESSING DEPARTMENT:

Department: Community Development Services
 Dept. Contact: Brendan Ferry
 Phone #: 7905
 Department: Long Range Planning
 Head Signature: *Roger Thoms*

CONTRACTOR:

Name: _____
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: CDS, Long Range Planning

Service Requested: Review and Approval
 Contract Term: Through MOU Term Contract Amendment Value: _____
 Compliance with Human Resources requirements? Yes: X No: _____
 Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 2/27/18 By: *D. Livingston*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EDONADO COUNTY COUNSEL
 2018 JAN -9 PM 3:50

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 2-28-18 By: *MS*
 Approved: _____ Disapproved: _____ Date: _____ By: *NOTARY FOR RISK*

PM 1:03 HR/RM FEB 28 '18

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

Departments: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____