# AGREEMENT CONTRACT ROUTING SHEET 

Date Prepared: 11/6/19
PROCESSING DEPARTMENT:

Department:
Dept. Contact:
Phone:
Department Head Signature:
PBD/LRP, HCED Program


Need Date: 11/19/19
CONTRACTOR:
CA Dept. Housing \& Community
Name: Development
Address: 2020 W. El Camino, Suite 500
Sacramento CA
Phone:
Org Code: 3735000 Project String (if applicable):
Funding Source: HOME Grant Funds
CONTRACTING DEPARTMENT: Planning \& Building Dept./Long Range Planning, HCED Service Requested: Review and Approve Resolution Description: Required Resolution with application for HOME grant funding Contract Term: $\qquad$ Contract Value: $\qquad$
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved:
$\qquad$ Disapproved: Disapproved:
$\qquad$ Date:
Date:

$\qquad$

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP Cynthia.freeland@edcgov.us Thank you!

