


CONTRACT ROUTING SHEET

Date Prepared: 06/26/2012

Need Date: 07/10/2012

PROCESSING DEPARTMENT:

Department: Probation
Dept. Contact: Darci Prall
Phone #: 6076
Department
Head Signature: 

CONTRACTOR:

Name: County of Alpine
Address: PO Box 458
Markleeville, CA 96120
Phone: 530-694-2192
Gordon Morse
Chief Probation Officer

CONTRACTING DEPARTMENT: Probation Department

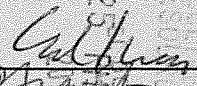

Service Requested: Placement of juveniles in the El Dorado County Juvenile Detention Facilities at a non-reserved, as available bed rate.

Contract Term: Perpetual (Cancellation with 30 day written notice) Contract Value: \$0.00
Revenue

Compliance with Human Resources requirements? Yes: N/A No: N/A


Compliance verified by: N/A - Revenue contract

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

Approved: Disapproved: _____ Date: 9-25-12 By: 
Approved: Disapproved: _____ Date: 12/11/12 By: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 9-25-12 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGER
EL DORADO COUNTY

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

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