

# NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/27/2018  
10/29/2018

Need Date: 11/13/2018

**PROCESSING DEPARTMENT:**

Department: Health & Human Services Agency  
Dept. Contact: Consie Mote  
Phone: 642-7118  
Department  
Head Signature: *Consie Mote*

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA

Service Requested: Review Reso for 12/18/2018 or \*Estimated BOS Date  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 12/3/18 By: *Marty*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2018 NOV 27 PM 1:14

EL DORADO COUNTY COUNSEL  
~~2018 NOV 21 AM 9:52~~

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW et 11/27/18

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL HSA\_CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!