

Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: 3-15-12

Need Date: 3-21-12

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Sherry Bahlman
Phone #: 621-5690
Department Head Signature: *Sherry Bahlman*

CONTRACTOR:

Name: C.A.M.P. thru DOJ
Address: P O Box 2768
Rancho Cordova, CA 95741
Phone: 916-875-8847

916 869-8769

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Program for the eradication of marijuana in El Dorado County
Contract Term: 7-1-12 to 10-15-12 Contract Value: \$0
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 4/5/12 By: *Justicia Kern*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
12 MAR 15 PM 4:44

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 4-7-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Govt agency

EL DORADO COUNTY
RISK MANAGEMENT

RECEIVED
HUMAN RESOURCES DEPT.
12 APR -6 PM 12:19

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

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