

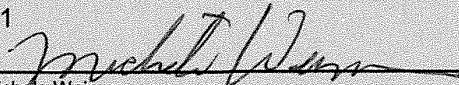
Counsel please include this information in your billing description.	>	-14-54119	Registrar #:	P&C #: 368-S1510
	>	Index Code: 345000	Project #: No Charge	Charge To #: No Charge
	>	Project Description: Peer Review Services Agreement		
	>			

## CONTRACT ROUTING SHEET

*RESUBMITTAL*

**PROCESSING DEPARTMENT:**

Department: Community Development Agency  
 Division: Administration & Finance  
 Dept Contact: Tom Meyer  
 Phone: x5911

Authorized Signature:   
 Michele Weimer  
 Administrative Services Officer  
 Contracts & Procurement Unit

**CONTRACTOR:**

Name: Goodwin Consulting Group, Inc.  
 Address: 555 University Avenue, Suite 280  
 Sacramento, CA 95825  
 Phone: (916) 561-0890

**CONTRACTING DEPT: Development Services**

Service Requested: Review & Approve  
 Contract Term: 3 Years  
 Contract/Amendment Amount: \$31,000.00

Date Submitted:  
 Date Needed:  
 Funding Sources: No Charge

Compliance with Human Resources Requirements: Yes: X No: \_\_\_\_\_  
 Compliance verified by: \_\_\_\_\_  
 Contract Notification Sent: 1/12/2015 HR Response Received: 1/23/2015  
 Ok Per: Judie Engel

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/20/2015 By: K. Mackham  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**Please forward to Risk Management upon approval.**

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 3/20/15 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2015 MAR -9 PM 4:04

RISK MANAGEMENT DEPT.  
15 MAR 20 PM 2:59