

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: August 14, 2006

Signature: *[Handwritten Signature]*

CONTRACTOR:

Name: El Dorado Union High School District

Address: 4675 Missouri Flat Road

Placerville, CA 95667

Phone: (530) 622-5081

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: N/A, Incoming Funding

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

Approved: Disapproved: Date: 8/20/06 By: *[Handwritten Signature]*

Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2006 AUG 15 PM 4:48
FO

ASSIGNMENT
DATE: 8-16-06
ATTORNEY: R.S.
PHONE NO: 405130

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

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

INCOMING FUNDING**RISK APPROVAL NOT REQUIRED****OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract.)**DEPARTMENT:**

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: