

# CONTRACT ROUTING SHEET

Date Prepared: 11/08/18

Need Date: 11/14/18

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Jennifer Franich  
Phone #: x7539  
Department \_\_\_\_\_  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: n/a  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Review Resolution of Intent re. VHRs  
Contract Term: n/a Contract Value: n/a  
Compliance with Human Resources requirements? Yes: n/a No: n/a  
Compliance verified by: n/a

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/14/18 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Conditional - See Comments.*

EL DORADO COUNTY COUNSEL  
2111 NOV -8 AM 11:59

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

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

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

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

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