


CONTRACT ROUTING SHEET

Date Prepared: 5/24/19

Need Date: 6/13/19

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Emma Owens
Phone #: X5122
Department
Head Signature: 


CONTRACTOR:

Name: City of Placerville
Address: 3101 Center Street
Placerville, CA 95667
Phone: 530-642-5200

CONTRACTING DEPARTMENT: CAO

Service Requested: Review funding agreement
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: 5/29/19 By: D. Livingston 
Approved: _____ Disapproved: _____ Date: _____ By: _____

2019 MAY 28 AM 8:31
EL DORADO COUNTY COUNSEL

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: _____