

CONTRACT ROUTING SHEET

Date Prepared: 8/13/15

Need Date: 8/17/15

PROCESSING DEPARTMENT:

Department: Auditor-Controller
Dept. Contact: Joe Harn
Phone #: 5476
Department
Head Signature: [Signature]

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CFD 2015-1 EAST RIDGE CFD

Service Requested: Review RMA
Contract Term: _____ Contract Value: ⁴⁰~~22.4~~ Million
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: Prior review – specialized services. BOS approved.

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

Approved: [check] Disapproved: _____ Date: 8/18/2015 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

With changes as noted on p. 13.

EL DORADO COUNTY COUNSEL
2015 AUG 13 AM 10:14

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: BOS 11/4/14
Approved: [check] Disapproved: _____ Date: _____ By: _____
Approved: Legistar 14-1483 Disapproved: _____ Date: _____ By: _____