

CONTRACT ROUTING SHEET

Date Prepared: 6/15/15

Need Date: 6/18/15

PROCESSING DEPARTMENT:

Department: COUNTY COUNSEL
 Dept. Contact: MOLLY KOTYK *mk*
 Phone #: 5781
 Department
 Head Signature: *[Signature]*

CONTRACTOR:

Name: Abbott & Kindermann, LLP
 Address: 2100 21st Street
Sacramento, CA 95818
 Phone: (916) 456-9595

CONTRACTING DEPARTMENT: COUNTY COUNSEL

Service Requested: Legal Services
 Contract Term: 6/26/12 - Completion Contract Value: \$150,000
 Compliance with Human Resources requirements? Yes: x No:
 Compliance verified by:

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

Approved: ✓ Disapproved: Date: 6/15/15 By: *[Signature]*
 Approved: Disapproved: Date: By:

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: x 6/15/15 Disapproved: x Date: 6/16/15 By: *[Signature]*
 Approved: x 6/15/15 Disapproved: x Date: 6/18/15 By: *[Signature]*

1) all insurance needs to be input into EBIX prior to review
2) only provided prof. liability need all insurance

1) Need actual Professional Liab policy - only issued a binder
2) Need W.C. or W.C. waiver

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

Departments:
 Approved: Disapproved: Date: By:
 Approved: Disapproved: Date: By:

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