

# CONTRACT ROUTING SHEET

Date Prepared: 05/30/18

Need Date: ASAP - Targeting BOS on 6/12/18

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Tiffany Schmid  
Phone #: x-5132  
Department Head Signature: *Tiffany Schmid*

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Review attached Resolution and Ordinance for the proposed TOT increase.  
Contract Term: n/a Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: n/a No: n/a  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5/31/18 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL

**ASSIGNED ATTORNEY:** ROGER RUNKLE

Suggested changes made to doc

**\*PLEASE CALL TIFFANY SCHMID X-5132 OR JEANETTE SALMON X-5158 WHEN READY FOR PICKUP. THANK YOU!**

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: \_\_\_\_\_  
n/a \_\_\_\_\_

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

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