

**RUSH!**

Contract #:

**CONTRACT ROUTING SHEET**

Date Prepared: 5/25/2017

Need Date: 5/29/2017

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Shawne Corley  
Phone #: 530-621-5123  
Department  
Head Signature: *Shawne Corley*

**CONTRACTOR:**

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

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Please review and approve attached Resolution to withdraw from SEDCorp.  
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 5/31/17 By: K. Markham  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please review and approve attached Resolution to withdraw from SEDCorp. \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2017 MAY 25 PM 1:48

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: \_\_\_\_\_