

CONTRACT ROUTING SHEET

Date Prepared: 6/29/12

Need Date: 7/16/12

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Terri Knowlton
Phone #: 621-5571

CONTRACTOR:

Name: City of Placerville
Address: 3101 Center St
Placerville CA 95667
Phone: 530-642-5556

Department
Head Signature: *Signature for Terri Knowlton*

CONTRACTING DEPARTMENT: Health & Human Services Agency – Health Services

Service Requested: Provide Animal Services to City of Placerville

Contract Term: July 1, 2012 until terminated Contract Value: \$100,022 (year 1)

Compliance with Human Resources requirements? Yes: N/A No:

Compliance verified by:

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

Approved: Disapproved: Date: By:
Approved: X Disapproved: Date: 7/2/12 By: *Signature*

Recommend proposed revisions
I have a few questions re Exhibit C which
I think will clarify the calculations
(and hopefully avoid disputes at a later
date).

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 7-2-12 By: *Signature*

RISK MANAGER
EL DORADO COUNTY

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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