

NEW AGREEMENT CONTRACT ROUTING SHEET

URGENT

Date Prepared: 08/23/2018

Need Date: ASAP
Est. BOS of 9/25/18

PROCESSING DEPARTMENT:

Department: Health and Human Svcs
Dept. Contact: Darci Prall *DP*
Phone: X 7373
Department
Head Signature: *Darci Prall*

CONTRACTOR:

Name: El Dorado Community Foundation
Address: 312 Main Street, Suite 201
Placerville, CA 95667
Phone: _____
Org Code: _____

fill 8/24/18

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Veterans Mini-grant Program

Contract Term: Upon execution until funds expended Contract Value: \$55,000.00

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

Approved: X Disapproved: _____ Date: 8/28/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNCIL
27 AUG 27 AM 8:09

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x____ FOR PICK-UP...THANKS!