

## CONTRACT ROUTING SHEET

Date Prepared: ~~4/7/09~~ 4/27/09

Need Date: 4/13/09 5/3/09

### PROCESSING DEPARTMENT:

Department: General Services  
Dept. Contact: Deb Lane/Richard Collier  
Phone #: 5933/5994  
Department Head Signature: [Signature]

### CONTRACTOR:

Name: Pollock Pines Recreation Inc  
Address: P.O. Box 1566  
Pollock Pines, Ca 95726  
Phone: 295-1033

~~Tom Heck, Director~~  
GAYLE ERBE-HAMLIN, ACTING DIRECTOR / CAO

EL DORADO COUNTY COUNSEL  
20 APR 27 PM 3:40

### CONTRACTING DEPARTMENT: Department of Human Services

Service Requested: Extension of Facility Use Agreement 740-O0610 - HUMAN SERVICES / SENIOR NUTRITION PROGRAM  
Contract Term: 7/1/09 - 6/30/2010 Contract/Amendment Value: \_\_\_\_\_  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4/28/09 By: D. LIVINGSTON DM  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4/29/09 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCE DEPT  
09 APR 29 AM 11:43

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

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