

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Deb Lane  
Phone: X5933  
Department Head  
Signature: *Pete Feild 10/20/09*  
James W. Ware P.E. Director  
Pete Feild, R/W Manager

**CONTRACTOR:**

Name: Jeffrey Smith  
Address: 911 46<sup>th</sup> Street  
Sacramento, CA 95819  
Phone: (916) 455-8655

**CONTRACTING DEPARTMENT:** Health Services Department

Service Requested: Lease Agreement 304-L0711 for operations of the Animal Services  
Contract Term: 1/1/2010 – 12/31/2010 Contract/Amendment Amount: \$  
Compliance with Human Resources Requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: Contract Notification Sent \_\_\_\_\_; HR Response Received \_\_\_\_\_  
OK per \_\_\_\_\_.

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/6/09 By: D. LIVINGSTON  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
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EL DORADO COUNTY COUNSEL  
2009 OCT 22 AM 9:45

**Please forward to Risk Management upon approval.**

Index Code: <u>301313</u>	User Code: _____
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**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/19/09 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: 91-01114-6-ADD 60  
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RECEIVED  
HUMAN RESOURCES DEPT  
NOV 10 9 AM '09