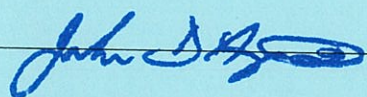


CONTRACT ROUTING SHEET

Date Prepared: 04/10/12

Need Date: 5/10/12

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Tania Donnelly
Phone #: 621-6636
Department: _____
Head Signature: 


CONTRACTOR:

Name: City of Placerville
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Reimbursement Agreement with City of Placerville for FY 2010 HSG Grant
Contract Term: Until 1/31/13 Contract Value: \$69,000
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 4/12/12 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 APR 11 AM 9:5

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: _____