

# CONTRACT ROUTING SHEET

Date Prepared: 6-1-12

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff

Dept. Contact: Sherry Bahlman

Phone #: 621-5690

Department: \_\_\_\_\_

Head Signature: *Sherry Bahlman*

**CONTRACTOR:**

Name: El Dorado Union High School District

Address: 4675 Missouri Flat Road  
Placerville, CA 95667

Phone: 530 622-5081

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Provide an inmate education program per Title 15, Section 1061 of the California Administrative Code for the Sheriff's Office

Contract Term: 7-1-12 to 6-30-13 Contract Value: \$116,325

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 6/4/12 By: *[Signature]*

Approved: X Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Risk: Please note that Art. XIII (F) may conflict with add'l insured terms in Cert. of Liability Insurance*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: ✗ Date: 5.6.12 By: *[Signature]*

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

**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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