

# CONTRACT ROUTING SHEET

Date Prepared: 02/14/2011

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: KellyWebb  
Phone #: 6565  
Department Head Signature: [Signature] 2/16/11

**CONTRACTOR:**

Name: Adam C. Clark  
Address: 3062 Cedar Ravine  
Placerville, CA 95667  
Phone: 530-626-1855

11 FEB 17 PM 2:05

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Indigent Defense Panel Attorney Services  
Contract Term: March 1, 2011 - June 30, 2011 Contract/Amendment Value: \$14,500.00  
Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 2-17-11 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2011 FEB 16 PM 1:00

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

Approved:  Disapproved:  Date: 2/24/11 By: [Signature]  
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: \_\_\_\_\_