

CONTRACT ROUTING SHEET

Date Prepared: 10/29/2019

Need Date: 11/15/2019

PROCESSING DEPARTMENT:

Department: Purchasing
Dept. Contact: Rick Blake
Phone #: (530)621-5873
Department Head Signature: *Michelle Wern*

CONTRACTOR:

Name: City of Placerville
Address: 3101 Center Street
Placerville, CA 95667
Phone: 530-642-5200
Fax: _____

CONTRACTING DEPARTMENT: CAO – Procurement & Contracts

Service Requested: Approve Donation Agreement
Contract Term: 1 Time Donation Contract Value: 0
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____ 11/10/19 *(Signature)*

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

Approved: X Disapproved: _____ Date: 11/13/19 By: *SGM*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved as to form.

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

Approved: ✓ Disapproved: _____ Date: 11/14/19 By: *Meyerdefetas*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved for indemnity, Placerville Alliant Insurance

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____