

CONTRACT ROUTING SHEET

Date Prepared: 10/24/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts

Dept. Contact: Dustin Bailey

Phone #: 5577

Department _____

Head Signature: *[Signature]*
for Bonnie H. Rich

CONTRACTOR:

Name: American Red Cross

Address: 8928 Volunteer Lane Ste 100

Sacramento, CA 95826

Phone: 916-368-3128

CONTRACTING DEPARTMENT: Probation

Service Requested: Training Courses - "As Needed"

Contract Term: Perpetual Contract Value: \$5,000 Annually

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10/26/07 By: *[Signature]*

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

ASSIGNMENT

DATE 10-25-07
ATTORNEY MJC
DEPT. INDEX NO. 356000
BY: *[Signature]*

- ① Non standard indemnity A 2.11
- ② Agreement is Public Record w/ keep confidential A 2.1.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 10/31/07 By: *[Signature]*

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

Please secure proof of updated GL coverage before proceeding with contract services.

OCT 30 4:20 PM '07

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

Departments: _____

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

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