

# CONTRACT ROUTING SHEET

Date Prepared: 8/13/07

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

**PROCESSING DEPARTMENT:**

Department: CAO/Proc. & Contracts  
Dept. Contact: Dustin Bailey  
Phone #: 5833  
Department  
Head Signature: Bonnie H. Rich  
Bonnie H. Rich

**CONTRACTOR:**

Name: El Dorado County Job One  
Address: 4535 Missouri Flat Road Ste 1A  
Placerville, CA 95667  
Phone: \_\_\_\_\_

2007 AUG 13 PM 2:08  
EL DORADO COUNTY COUNSEL  
Hana Williams

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Resource Sharing Agreement  
Contract Term: Perpetual Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: NA No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8-15-07 By: Calvin\*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

\* insurance provision should allow for self-insurance of county.  
- Self insurance provision included in Article XIV B

ASSIGNMENT  
DATE: 8/13/07  
ATTORNEY: ED BAILEY  
DEPT / INDEX NO: CAO/CC

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/16/07 By: J. Costello  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
RESOURCES DEPT  
07 AUG 25 PM 5:18

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

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