

CONTRACT ROUTING SHEET

Date Prepared: October 11, 2016

Need Date: October 28, 2016

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Linda Silacci-Smith
Phone: x5417
Department Head Signature: *mlp*

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CAO – Facilities

Service Requested: Resolution for 941 Spring Street
Contract Term: N/A Contract Value: \$ - 0 -
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 12/5/16 By: JOS
Approved: _____ Disapproved: _____ Date: _____ By: _____

With changes as noted.

EL DORADO COUNTY COUNSEL
2016 OCT 11 PM 3:49

~~FORWARD TO RISK MANAGEMENT. THANKS!~~ Please call x5417 for pickup

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

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