

CONTRACT ROUTING SHEET

Date Prepared: 11/28/17

Need Date: 11/28/17

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Tania Donnelly TD

Phone #: 621-6636

Department Head Signature: *J. W. [Signature]* 11/28/17

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Ordinance amending Chapter 2.21 of Title II of EDC Ord. Code for Disaster Council

Contract Term: N/A Contract Value: N/A

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

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

Approved: *[Signature]* Disapproved: _____ Date: 11/28/17 By: *K. Markham*

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

As to form only

EL DORADO COUNTY COUNSEL
2017 NOV 28 AM 9:44

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

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: _____