

# CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

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

**PROCESSING DEPARTMENT:**

Department: Public Defender

Dept. Contact: \_\_\_\_\_

Phone #: 573-3115

Department \_\_\_\_\_

Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: Alpine County

Address: 99 Water Street

Markleeville, CA 96120

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Public Defender's Office

Service Requested: Indigent Legal Services

Contract Term: \_\_\_\_\_ Contract Value: \$ \_\_\_\_\_

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 12-2-10 By: [Signature]

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

2010 DEC - 2 PM 3:53  
DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**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: \_\_\_\_\_