

# CONTRACT ROUTING SHEET

Date Prepared: 08/05/2013

Need Date: Agenda date: 8/29/2013

**PROCESSING DEPARTMENT:**

Department: Library  
Dept. Contact: Jeanne Amos  
Phone #: 5546  
Department: \_\_\_\_\_  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: California State Library  
Address: P.O. Box 942837  
Sacramento, CA 94237-0001  
Phone: 916 651-0977

**CONTRACTING DEPARTMENT:**

Service Requested: Review of Agreement  
Contract Term: 8/1/2013 – 6/30/2014 Contract Value: \$90,000.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/5/13 By: Veronica King  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Review of the requirements of article 15, "B" of the County Personnel Ordinance for the purpose of determining the appropriate requirements for the proposed employment that apply in the proposed contract.*

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: \_\_\_\_\_

*Nothing for Risk Mgmt 8/13/13*

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8/16/13 By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_