

CONTRACT ROUTING SHEET

Date Prepared: 7/10/13

Need Date: 7/10/13

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Terri Daly
Phone #: 5530
Department
Head Signature: *[Signature]* for T.D.

CONTRACTOR:

Name: CASA El Dorado
Address: 347 Main St
Placerville CA 95667
Phone: 530-621-6789

CONTRACTING DEPARTMENT:

Service Requested: _____
Contract Term: _____ Contract Value: \$50,000.00
Compliance with Human Resources requirements? Yes: N/A No: N/A
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 7/10/13 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

See comments / edits ; also see attached codes about
MASA's indep. duties, avoidance of conflicts

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

Approved: N/A 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: _____