

CONTRACT ROUTING SHEET

Date Prepared: 3/3/17

Need Date: Board Date - 3/7/17

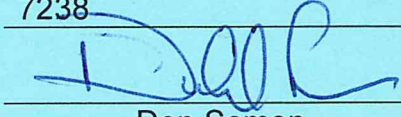
PROCESSING DEPARTMENT:

Department: Child Support /Revenue Recovery Division

Dept. Contact: Ginger Harms

Phone #: 7238

Department: _____

Head Signature: 
Don Semon

CONTRACTOR:

Name: Superior Court of El Dorado County

Address: 2850 Fairlane Court, Suite 110 Placerville, CA 95667

Phone: 530-621-7459

CONTRACTING DEPARTMENT: Child Support Services

Service Requested: Review/Approval of Agreement with Superior Court for Subsequent Comprehensive Court Collection Program

Contract Term: Board approval date - forward Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 3/6/17 By: 

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

EL DORADO COUNTY COUNSEL
2017 MAR -3 PM 4:25

Please call Ginger Harms, ext 7238 as soon as signed. Thank you.

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: _____

N/A

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

Departments: _____

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

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