

CONTRACT ROUTING SHEET

Date Prepared: March 10, 2014

Need Date: March 24, 2014

PROCESSING DEPARTMENT:

Department: CDA/Development Services

Dept. Contact: Char Tim

Phone #: X5351

Department: _____

Head Signature: *Robert Hunt* 3-10-14
5369

CONTRACTOR:

Name: **WAC080004-R/Cox

Address: (Amendment to Williamson Act Contract)

Phone: _____

CONTRACTING DEPARTMENT: Not Applicable

Service Requested: _____

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 3/18/14 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

HUMAN RESOURCES DEPT.
18 MAR 20 AM 11:39

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
21 MAR 11 PM 2:54

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

Departments: _____

Approved: N/A Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____