

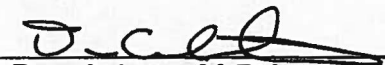
# CONTRACT ROUTING SHEET

Date Prepared: 1/17/14 (HW)

Need Date: 1/31/14 (HW)

EL DORADO COUNTY COUNSEL  
2014 MAR -3 PM : 07

**PROCESSING DEPARTMENT:**

Department: HNSA/CS  
Dept. Contact: DeAnn Osborn  
Phone #: X7118  
Department  
Head Signature: 

**CONTRACTOR:**

Name: Various  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Don Ashton, M.P.A.,  
Interim Director

**CONTRACTING DEPARTMENT:** HNSA/Community Services (WIA)

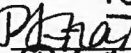
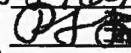
Service Requested: Agency Agreement for Workforce Investment Act Work Experience Client Placements

Contract Term: Up to six months Contract/Grant Value: Up to \$8,000

Compliance with Human Resources requirements? N/A Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

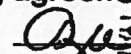
Approved: \_\_\_\_\_ Disapproved: X Date: 1/29/14 By:   
Approved: X Disapproved: \_\_\_\_\_ Date: 3/4/14 By: 

All re kmin. employee for failure to provide meal break appears unlawful.

2/27/14 Corrections made-HW

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 3/5/14 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Nothing for Risk to Approve

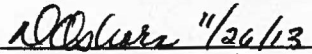
**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

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

Please contact DeAnn Osborn x7118 with questions or for contract packet pick-up. Thank you!

  
Contracts Supe Review/Date

Program Mgr. Review/Date

  
Contracts Mgr. Review/Date

  
CEO Review/Date

1/21/14