

CONTRACT ROUTING SHEET

Date Prepared: 11/2/18

Need Date: 11/8/18

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Jennifer Franich
Phone #: X7539
Department
Head Signature: *JF*

CONTRACTOR:

Name: El Dorado Hills Fire Department
Address: 1050 Wilson Blvd.
El Dorado Hills, CA 95762
Phone: 530-947-8502

CONTRACTING DEPARTMENT: CAO

Service Requested: Community Funding Request
Contract Term: 1 year Contract Value: \$1000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: X Disapproved: _____ Date: 11/13/18 By: Bre Mueblus
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Please see edits and comments
on draft.*

EL DORADO COUNTY COUNSEL
2018 NOV -5 AM 9:3

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: _____

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

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