

CONTRACT ROUTING SHEET

Date Prepared: 3-5-10

Need Date: 3-26-10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I.C. Hodgson

Phone #: X7268

Department: _____

Head Signature: *Shirley I.C. Hodgson*

CONTRACTOR:

Name: Womenspace Unlimited, South Lake Tahoe Women's Center

Address: 2941 Lake Tahoe Blvd
South Lake Tahoe, CA 96150

Phone: 530 544 2118

CONTRACTING DEPARTMENT: Human Services

Service Requested: Operational Agreement

Contract Term: 7-1-10 to 6-30-13 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: n/a No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 3-11-10 By: *Cal Khan*

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

EL DORADO COUNTY COUNSEL
2010 MAR -9 PM 10:43
10 MAR 11 PM 2:30

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 3/12/10 By: *Shirley Hodgson*

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

Please call Shirley Hodgson at x7268 to pick up. Thanks. _____

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

Departments: _____

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

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