


# CONTRACT ROUTING SHEET

Date Prepared: 06/07/2018

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Probation Department  
Dept. Contact: Chelsea Doyle  
Phone #: 530.621.5638  
Department: \_\_\_\_\_  
Head Signature: 

**CONTRACTOR:**

Name: NCCT  
Address: 10150 Missile Way  
Mather, CA 95655  
Phone: 916.387.1564

**CONTRACTING DEPARTMENT:** Probation

Service Requested: Pre-apprenticeship construction training, instruction, and job placement services to the adult clients of the El Dorado County Probation Department.

Contract Term: 07/01/18-06/30/19 Contract Value: \$198,287.00

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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

Approved: \_\_\_\_\_ Disapproved: X Date: 6/13/18 By: [Signature]  
Approved: X Disapproved: \_\_\_\_\_ Date: 6/7/18 By: [Signature]

*Scope is unclear - duties/resp. of ptys unclear. Please call me to discuss.*

EL DORADO COUNTY COUNSEL

2018 JUN 11 PM 1:13

EL DORADO COUNTY COUNSEL  
2018 JUN 13 AM 10:46

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: \_\_\_\_\_