

**RUSH!**

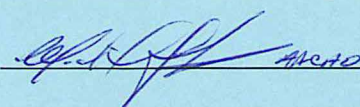
Contract #: RESO

# CONTRACT ROUTING SHEET

Date Prepared: 04/16/2015

Need Date: 04/22/2015

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Craig Schmollinger  
Phone #: 5518  
Department  
Head Signature: 

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CDA-LRP

Service Requested: Review and Approve Resolution of Support  
Contract Term: N/A Contract/Amendment 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: 4/17/2015 By: R. Markham  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

*Conditional - Please make noted changes to both the Reso and the Staff report.*  
*Revisions made as noted.*  
*GC. Schmollinger*

EL DORADO COUNTY COUNSEL  
APR 17 AM 11:02

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

Approved:  Disapproved:  Date: 4.20.15 By: Jason Huntz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

*nothing for Risk*

EL DORADO COUNTY COUNSEL  
APR 17 PM 3:24

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

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