

CONTRACT ROUTING SHEET

Date Prepared: 5/10/12

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Procurement & Contracts
Dept. Contact: Bonnie H. Rich
Phone #: 5940
Department _____
Head Signature: _____

CONTRACTOR:

Name: Signal Service
Address: Post Office Box 597
Angels Camp, CA 95222
Phone: 209-223-4029

CONTRACTING DEPARTMENT: County Wide

Service Requested: Alarm monitoring & maintenance
Contract Term: 3 years Contract Value: \$120,000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 5/10/12 By: Justin Best
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 MAY 10 PM 4:01

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: _____

RUSH!

Contract #: 518-S1211

CONTRACT ROUTING SHEET

Date Prepared: 5/7/12

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Procurement & Contracts

Dept. Contact: Bonnie H. Rich

Phone #: 5940

Department _____

Head Signature: Bonnie H. Rich

CONTRACTOR:

Name: Signal Services, Inc.

Address: Post Office box 597

Angels Camp, CA 95222

Phone: 209-223-4029

CONTRACTING DEPARTMENT:

Service Requested: County-wide Alarm Monitoring & Maintenance

Contract Term: 3 years Contract Value: \$120,000.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

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

Approved: Cond! Disapproved: _____ Date: 5/9/12 By: JJH

Approval conditioned upon proposed revisions

See revised Blm attached

Risk: the auto insurance has expired

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 5/10/12 By: _____

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

As promised updated Auto Liability Certificate

requested 5/14/12

**RISK MANAGER
EL DORADO COUNTY**

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

Departments: _____

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

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