

# CONTRACT ROUTING SHEET

Date Prepared: 06/14/2011

Need Date: URGENT REQUEST PLEASE

**PROCESSING DEPARTMENT:**

Department: Probation Department

**CONTRACTOR:**

Name: RESOLUTION: Postrelease  
Community Supervision (PCS)

Dept. Contact: Greg Sly, Chief Probation  
Officer

Address: Legistar No. 11-0650

Phone #: x5958

Agenda item copy attached for  
reference, Resolution

Department  
Head Signature: Unavailable

Phone: n/a

*Unavailable  
Doreen Connors, F.A.M. (CAO Request for  
CC review.)*

**CONTRACTING DEPARTMENT:** Probation Department

Service Requested: Please review Resolution for BOS Agenda item, 06/28/2011, #11-0650

Contract Term: n/a Contract Value: N/A

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

Compliance verified by: n/a

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/17/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ALDORADO COUNTY COUNSEL  
2011 JUN 14 PM 4:51

**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: \_\_\_\_\_