

## CONTRACT ROUTING SHEET

Date Prepared: January 7, 2014

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Procurement & Contracts  
Dept. Contact: Ashley Boyd  
Phone #: x5804  
Department Head Signature: [Signature]

**CONTRACTOR:**

Name: Alliant Insurance Services  
Address: 100 Pine Street, 11<sup>th</sup> Floor  
San Francisco, CA 94111  
Phone: (415) 403-1400

**CONTRACTING DEPARTMENT:** HR

Service Requested: Employee Benefits Consulting  
Contract Term: Four (4) Years Contract Value: \$510,000.00  
Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: MIKE STRELLA - APPROVED 1/8/14

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

Approved:  Disapproved:  Date: 1/9/2014 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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2014 JAN -8 PM 4:58  
SANDRA COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:  Date: 1/10/14 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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HUMAN RESOURCES DEPT.

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

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