## **CONTRACT ROUTING SHEET**

| Date Prepared:   | 08/19/2016                        | Need Dat                         | e: ASAP                                 |  |  |  |  |
|--|-----------------------------------|----------------------------------|---|--|--|--|--|
| PROCESSING DEPARTMENT: Department: Probation   |                                   | CONTRACTOR: Name: County of Inyo |   |  |  |  |  |
| Dept. Contact:   | Darci Prall                       | Address:                         |   |  |  |  |  |
| Phone #:   | Ext.6076                          | Address.                         | Bishop, CA 93514                        |  |  |  |  |
| Department   | LX1.0070                          | Phone:                           | (760) 872-4111                          |  |  |  |  |
| Department   |                                   | Filone.                          |   |  |  |  |  |
| Hood Signature:  | 1 11 222 2 2 4 1                  |                                  | CPO Jeffrey Thomson                     |  |  |  |  |
| rieau Signature.   | Approved by CPO B. Richert        |                                  |   |  |  |  |  |
| CONTRACTING DEPARTMENT: Probation Department   |                                   |                                  |   |  |  |  |  |
| Service Requested: Placement of juveniles in the El Dorado County Juvenile Detention Facilities at a non-reserved, as available bed rate.  |                                   |                                  |   |  |  |  |  |
| Contract Term:   |                                   | Contract Value                   | : Revenue                               |  |  |  |  |
| Compliance with I  | Human Resources requirements?     | Yes:                             | N/A No: N/A                             |  |  |  |  |
| Compliance verifie   |                                   |                                  |   |  |  |  |  |
| COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: Date: By: PSTATE   |                                   |                                  |   |  |  |  |  |
| Approved:  | Disapproved:                      | Date:                            | By:                                     |  |  |  |  |
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| THE REAL PROPERTY.   |                                   |                                  | UG Do                                   |  |  |  |  |
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|  |                                   |                                  |   |  |  |  |  |
|  | TO RISK MANAGEMENT. THANKS!       |                                  |   |  |  |  |  |
|  | ENT: (All contracts and MOU's ex  |                                  |   |  |  |  |  |
| Approved:  | Disapproved:                      | Date:                            | 19-16 By 19                             |  |  |  |  |
| Approved:  | Disapproved:                      | Date:                            | By:                                     |  |  |  |  |
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|  |                                   |                                  |   |  |  |  |  |
| OTHER APPROV Departments:  | AL: (Specify department(s) partic | cipating or direc                | ctly affected by this contract).        |  |  |  |  |
| Approved:  | Disapproved:                      | Date:                            | By:                                     |  |  |  |  |
| Approved:  | Disapproved:                      | Date:                            | By:                                     |  |  |  |  |
|  |                                   |                                  |   |  |  |  |  |

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## CONTRACT ROUTING SHEET

| Date Prepared:     | 08/12/2016                                  | Need Dat   | te: ASAP                                |                       |
|--------------------|---|--|---|-----------------------|
| PROCESSING D       | FPARTMENT.                                  | CONTRA   | CTOR.                                   |                       |
| Department:        | Probation                                   | Name:  | County of Inyo                          |                       |
| Dept. Contact:     | Darci Prall                                 | Address:   |   | na taking a tima      |
| Phone #:           | Ext.6076 Bishop, CA 93514                   |  |   |                       |
| Department         |   | Phone:   | (760) 872-4111                          |                       |
|                    |   |  | CPO Jeffrey Thomso                      | on                    |
| Head Signature:    | Authorized by Brian F                       | 3.   | 9.18.28.2150.00                         |                       |
|                    |   |  |   |                       |
| CONTRACTING I      | DEPARTMENT: Probation                       | on Department  |   |                       |
|                    | d: Placement of juveniles                   |  | unty Juvenile Detentio                  | n Facilities          |
|                    | at a non-reserved, as                       |  |   |                       |
| Contract Term: F   | Perpetual                                   | Contract Value   | : Rever                                 | nue                   |
| Compliance with I  | Human Resources requiren                    | nents? Yes:  | N/A No:                                 | N/A                   |
| Compliance verifie | ed by:                                      |  |   |                       |
| COUNTY COUNS       | EL: (Must approve all con                   | tracts and MOLI's)   |   |                       |
| Approved:          | Disapproved:                                | Date: 8/10   | elila By: Od                            | toat                  |
| Approved:          | Disapproved:                                | Date:  | By:                                     | Jan Mary              |
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| A                  | DOATT #2 el                                 | *At 1 1 00   | 000000000000000000000000000000000000000 | 200                   |
| <b>A</b>           | DRAFT #2 Subm                               | ulled for CC   | 100/14 00/19                            | 716 0                 |
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|                    | TO RISK MANAGEMENT. TH                      |  | to grant funding agree                  | monto)                |
|                    | ENT: (All contracts and Months Disapproved: |  |   | ements)               |
| Approved:          | Disapproved:                                | Date:<br>Date:   | By:<br>By:                              |                       |
| Approved.          | Disapproved.                                | Date.  | Бу                                      |                       |
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|                    | AL: (Specify department(s                   | s) participating or dire   | ctly affected by this co                | ontract).             |
| Departments:       | Disammerado                                 | Deter  | D                                       |                       |
| Approved:          | Disapproved:                                | Date:  | By:                                     |                       |
| Approved:          | Disapproved:                                | Date:  | By:                                     |                       |
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