

CONTRACT ROUTING SHEET

Date Prepared: 08/17/15

Need Date: 08/24/15

PROCESSING DEPARTMENT:

Department: Board of Supervisors

Dept. Contact: Jim Mitrisin

Phone #: X5592

Department: _____

Head Signature: *James J. Mitrisin*

CONTRACTOR:

Name: Center for Violence Free Relationships (RESOLUTION)

Address: Theory of Change

Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: _____

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 8/18/15 By: *PSO*

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

EL DORADO COUNTY COUNSEL
2015 AUG 17 PM 1:29

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 8/19/15 By: *B. Ziegler*

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

Nothing for Risk

EL DORADO COUNTY COUNSEL
2015 AUG 19 PM 3:46

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

Departments: _____

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

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