

# CONTRACT ROUTING SHEET

Date Prepared: 04/29/2011

Need Date: 05/13/2011

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Laura Schwartz  
Phone #: 6541  
Department Head Signature: *Laura Schwartz* *for Terri Daly*

**CONTRACTOR:**

Name: University of California  
Address: 1111 Franklin Street  
Oakland, CA 94607  
Phone: \_\_\_\_\_

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**CONTRACTING DEPARTMENT:** CAO

Service Requested: Interagency agreement for UC Cooperative Extension services  
Contract Term: 5 years Contract/Amendment Value: \$269,858.00  
Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 4-25-11 By: *[Signature]*  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 4/29/11 By: *[Signature]*  
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: \_\_\_\_\_