

CONTRACT ROUTING SHEET

Date Prepared: 08/24/18

Need Date: 09/07/18

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Tiffany Schmid
Phone #: x-5132
Department
Head Signature: *Tiffany Schmid*

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CAO

Service Requested: Review attached Resolution, Incentive Policy and Application
Contract Term: N/A Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: N/A No: N/A
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9/17/18 By: *JDS*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 AUG 24 AM 10:08

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
N/A

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

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