

CONTRACT ROUTING SHEET

Date Prepared: January 30, 2014

Need Date: February 13, 2014

PROCESSING DEPARTMENT:

Department: CDA/Development Services
Dept. Contact: Char Tim
Phone #: X5351
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: 08-0004-R
**WAC13-0008-R/Cox
Address: (Resolution Amending WAC
Property Description)
Phone: _____

CONTRACTING DEPARTMENT: Not Applicable

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: ✓ Disapproved: _____ Date: 2/6/14 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

** AS MODIFIED.*

EL DORADO COUNTY COUNSEL
2014 JAN 31 PM 3:39

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

RECEIVED
HUMAN RESOURCES DEPT.
14 FEB -6 PM 4:35

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

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