

CONTRACT ROUTING SHEET

Date Prepared: January 4, 2016

Need Date: January 18, 2016

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Ashley Wells *AW*
Phone #: x5804
Department
Head Signature: *AWells FOR Sue Hennike*

CONTRACTOR:

Name: Alliant Insurance Services
Address: 100 Pine Street, 11th Floor
San Francisco, CA 94111
Phone: 415-403-1400

CONTRACTING DEPARTMENT: Human Resources

Service Requested: Employee Benefits Consulting
Contract Term: One Year Extension Contract Value: Adding \$100,000.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Requested 1/4/16 *Approved by Misty Garcia 1/4/16*

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

Approved: Disapproved: _____ Date: 1/6/16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 JAN -5 AM 8:07

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/7/16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 JAN -7 AM 8:58

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

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