

# CONTRACT ROUTING SHEET

Date Prepared: 3-16-10

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: *Shirley I. C. Hodgson*

**CONTRACTOR:**

Name: The Center for Violence-Free Relationships

Address: 344 Placerville Drive, Suite 11  
Placerville, CA 95667

Phone: 530 626 1450

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Operational agreement to provide assistance for crime victims

Contract Term: 4-1-10 to 3-31-13 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3-18-10 By: *CEL/...*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
20 MAR 13 PM 1:38

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3/23/10 By: *M.S.*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please contact Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_