

CONTRACT ROUTING SHEET

Date Prepared: 12/17/2007 - 2nd submission

Need Date: 12/21/2007

PROCESSING DEPARTMENT:

Department: Environmental Mgmt.
Dept. Contact: Hillary Coyne
Phone #: 5607
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Snowline Hospice - PVL Store
Address: 455 Placerville Road
Placerville, CA 95667
Phone: (5430) 621-1802

EL DORADO COUNTY COUNSEL
2007 DEC 17 3:30 PM
Hand Returned

CONTRACTING DEPARTMENT: Environmental Management-CHARGE TO 421160

Service Requested: Legal review of proposed MOU with Snowline Hospice and Insurance Requirements

Contract Term: 2 years (the term of the grant)

Contract/Amendment Value: \$49,900.00

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: Grant Funded

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

Approved: Disapproved: Date: 12/20/07 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

ASSIGNMENT
DATE: 12/17/2007
ATTORNEY: MIKE C.
DEPT./INDEX NO.: 421160
BY: [Signature]
① Conditional See changes p. 3 + 5
② Number the pages.

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

Approved: Disapproved: Date: 12/31/07 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
DEC 28 PM 3:12

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

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