

CONTRACT ROUTING SHEET

Date Prepared: 8/13/2014

Need Date: Agenda date: 9/16/2014

PROCESSING DEPARTMENT:

Department: Library
Dept. Contact: Jeanne Amos
Phone #: 5546
Department _____
Head Signature: _____

CONTRACTOR:

Name: California State Library
Address: P.O. Box 942837
Sacramento, CA 94237-0001
Phone: 916 651-0977

CONTRACTING DEPARTMENT: Library

Service Requested: Review of Agreements
Contract Term: 8/1/2014 - 7/31/2014 Contract Value: \$14,700.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 9/4/14 By: Quintia Lee
Approved: _____ Disapproved: _____ Date: _____ By: _____

8/29 TC to J Amos re. authorized rep?
9/2/14 Contract will be taken to BOS if grant is obtained

EL DORADO COUNTY COUNCIL
2014 AUG 11 PM 1:00

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 9/9/14 By: Czyj
Approved: _____ Disapproved: _____ Date: _____ By: _____

nothing for Risk to approve

14 SEP - 9 AM 10:11

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

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