

Contract #: 805-50811

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: DeAnn Osborn
Phone #: X7338
Department Head
Signature: _____

CONTRACTOR:

National Council on Crime and Delinquency aka
Name: SafeMeasures
Address: 426 S. Yellowstone Dr., #250
Madison, WI 53719
Phone: 608-831-8882

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

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

Approved: ✓ Disapproved: Date: 5/15/08 By: Maletsky
Approved: Disapproved: Date: By:

*Approved as to legal form only. Board and/or County Purchasing agent should be apprised of non-standard provisions as outlined in 8/30/06 Contract routing sheet that is attached.
Also recommend that Board travel policy be included in agreement in regard to payment of travel expenses referred to in exhibit A*

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

Approved: ✓ Disapproved: Date: 5/16/08 By: Costello
Approved: Disapproved: Date: By:

ASSIGNMENT
DATE 5/15/08

ATTORNEY JMK
DEPT/INDEX NO 5-30707D
BY: JM

EL DORADO COUNTY COUNSEL
2008 MAY 15 PM 5:00

RECEIVED
HUMAN RESOURCES DEPT
08 MAY 16 AM 8:28

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

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By: