

# CONTRACT ROUTING SHEET

Date Prepared: 10/24/07

Need Date: \_\_\_\_\_

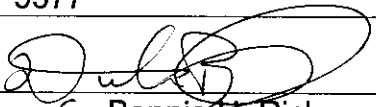
**PROCESSING DEPARTMENT:**

Department: CAO/Proc. & Contracts

Dept. Contact: Dustin Bailey

Phone #: 5577

Department \_\_\_\_\_

Head Signature:   
for Bonnie H. Rich

**CONTRACTOR:**

Name: American Red Cross

Address: 8928 Volunteer Lane Ste 100

Sacramento, CA 95826

Phone: 916-368-3128

**CONTRACTING DEPARTMENT:** Probation

Service Requested: Training Courses - "As Needed"

Contract Term: Perpetual Contract Value: \$5,000 Annually

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_


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

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/26/07 By: 

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

ASSIGNMENT

DATE 10-25-07  
ATTORNEY MJC  
DEPT. INDEX NO. 356000  
BY: 

- ① Non standard indemnity A 2.11
- ② Agreement is Public Record no keep confidential A 2.1.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/31/07 By: 

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

Please secure proof of updated GL coverage before proceeding with contract services.

OCT 30 4:20 PM '07

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

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

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

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