

✓ AATTN: PAULA FRANTZ  
✓ AATTN: MIKE CICCOTZI


Contract #: BOS Policy A-3

### CONTRACT ROUTING SHEET

Date Prepared: August 11, 2014

Need Date: August 18, 2014

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Terri Knowlton  
Phone #: 621-5571  
Department Head Signature: 

**CONTRACTOR:**

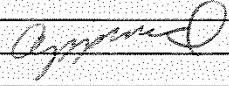

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Policy review  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/13/14 By:   
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/26/14 By: 

*See recommended changes/additions  
see PPF's recommended chgs/additions  
Approved   9/8/14*

AUG 12 AM 7:50 AM AUG 26 4:45 AM AUG 14 AM 8:11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/14/14 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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