

# CONTRACT ROUTING SHEET

Date Prepared: 08/12/2016

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Probation  
Dept. Contact: Darci Prall  
Phone #: Ext.6076  
Department \_\_\_\_\_

**CONTRACTOR:**

Name: County of Mono  
Address: 57 Bryant Street  
Bridgeport, CA 93517  
Phone: (760) 932-5572  
CPO Karen Humiston

Head Signature: Authorized by Brian R

**CONTRACTING DEPARTMENT:** Probation Department

Service Requested: Placement of juveniles in the El Dorado County Juvenile Detention Facilities at a non-reserved, as available bed rate.

Contract Term: Perpetual Contract Value: \_\_\_\_\_ Revenue \_\_\_\_\_  
Compliance with Human Resources requirements? Yes: N/A No: N/A  
Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 8/16/16 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

indemn lang is not city std lang - but seems  
fbi given the duties of the parties.

Article III, P 3 - rephrased per County Counsel request.  
Placing County signatures added  
9/15/16 ✓ DPra()

EL DORADO COUNTY COUNSEL  
2016 AUG 15 PM 1: 9

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8-16-16 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Nothing for R.M.

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

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