Contract #: 580-O1411

CONTRACT ROUTING SHEET

Date Prepared: 04/21/2014 **Need Date:** 05/02/2014

PROCESSING DEPARTMENT:
Department: Purchasing
Dept. Contact: Rick Blake
Phone #: (530)621-5873
Department Head Signature:

CONTRACTOR:
Name: Mother Lode Rehabilitation Ent.
Address: 399 Placerville Drive
Placerville, CA 95667
Phone: 530-622-4848
Fax: 530-622-0204

CONTRACTING DEPARTMENT: CAO – Procurement & Contracts
Service Requested: Approval of Donation Agreement
Contract Term: Three Years Contract Value: $0.00
Compliance with Human Resources requirements? Yes: N/A No:
Compliance verified by:

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ✓ Disapproved: Date: 4/24/14 By: J. Sampedro
Approved: Disapproved: Date: By: X5773

With revisions as noted

RETURN TO CAO – PROCUREMENT & CONTRACTS

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