

CONTRACT ROUTING SHEET

Date Prepared: February 3, 2014

Need Date: February 6, 2014

PROCESSING DEPARTMENT:

Department: CDA/Development Services

Dept. Contact: Char Tim

Phone #: X5351

Department

Head Signature: *[Signature]*
02-3-14

CONTRACTOR:

Name: **A13-0008/ALUCP

Address: Implementation - ROI to

Amend GP

Phone: (x5369 TRONT)

CONTRACTING DEPARTMENT: Not Applicable

Service Requested: _____

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 2/6/14 By: D. Livingston

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

EL DORADO COUNTY COUNSEL
2014 FEB 4 AM 10:02

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: N/A Disapproved: _____ Date: _____ By: _____

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

RECEIVED
HUMAN RESOURCES DEPT.
14 FEB -6 PM 4:35

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

Departments: _____

Approved: N/A Disapproved: _____ Date: _____ By: _____

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