

# CONTRACT ROUTING SHEET

Date Prepared: 01/17/2015

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

### PROCESSING DEPARTMENT:

Department: CAO  
Dept. Contact: Kelly Webb  
Phone #: 6565  
Department  
Head Signature: *Ronela Keen*

### CONTRACTOR:

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

### CONTRACTING DEPARTMENT:

Service Requested: Review EDH Fire - Impact Fee Resolution  
Contract Term: N/A Contract/Amendment Value: \$0.00  
Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: N/A

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

Approved:  Disapproved:  Date: 2/24/15 By: *PS Drury*  
Approved:  Disapproved:  Date: 2/26/15 By: *PS Drury*

*See comments - this shd be revised to clarify distinction btwn CIP and Nexus study*

EL DORADO COUNTY COUNSEL  
2015 FEB 26 AM 8:50  
EL DORADO COUNTY COUNSEL  
2015 FEB 18 PM 3:57

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

Approved:  Disapproved:  Date: 2/12/15 By: *Ozney*  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

*Nothing for Risk*

EL DORADO COUNTY COUNSEL  
15 FEB 27 PM 2:17

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

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