

# CONTRACT ROUTING SHEET

Date Prepared: June 5, 2015

Need Date: \*\*\* ASAP \*\*\*

**PROCESSING DEPARTMENT:**

Department: Procurement & Contracts  
Dept. Contact: Linda Silacci-Smith  
Phone #: x5417  
Department Head Signature: [Signature]

**CONTRACTOR:**

Name: El Dorado Hills CSD  
Address: 1021 Harvard Way  
El Dorado Hills, CA 95762  
Phone: (916) 933-6624

**CONTRACTING DEPARTMENT:** CAO - Facilities

Service Requested: Establish agency's role and responsibility at Senior Center in El Dorado Hills  
Contract Term: 3 Years (w/options) Contract Value: Reimburse Operating Expense  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: N/A - Facility Use Agreement

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

Approved: [check] Disapproved: \_\_\_\_\_ Date: 6/12/2015 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

With additional changes  
4/16 changes incorporated  
NOTE - if options are exercised  
there is no provision  
for increase of rates.

**RECEIVED**  
JUN 08 2015  
El Dorado County Counsel

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~ call x5417 for pick-up  
**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: [check] Disapproved: \_\_\_\_\_ Date: 6/15/15 By: [Signature]  
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: \_\_\_\_\_