

CONTRACT ROUTING SHEET

Date Prepared: 03/27/19

Need Date: 04/03/19

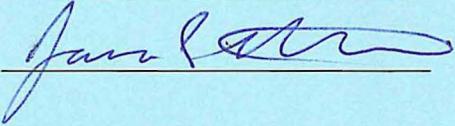
PROCESSING DEPARTMENT:

Department: Board of Supervisors

Dept. Contact: Jim Mitrisin

Phone #: 5592

Department

Head Signature: 

CONTRACTOR:

Name: N/A

Address: _____

Phone: _____

CONTRACTING DEPARTMENT:

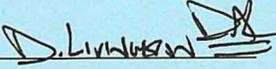
Service Requested: Resolution to rescind and replace 039-2013 to affect a name change and other aspects of Arts and Culture of El Dorado (formerly the El Dorado Arts Council)

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: 4/4/19 By: 

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

EL DORADO COUNTY COUNSEL
2019 MAR 28 AM 9:58

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

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: _____