

Contract #: 098-01311, A1  
Index Code: 409110

# CONTRACT ROUTING SHEET

Date Prepared: 07-23-2014

Need Date: 08-13-2014

**PROCESSING DEPARTMENT:**

Department: HHSA/Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: Ext. 7154

**CONTRACTOR:**

Name: City of Placerville  
Address: 3101 Center Street  
Placerville, CA 95667

Department  
Head Signature: [Signature]  
Don Ashton, M.P.A., Director

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency/Public Health

Service Requested: Provide animal control services to the City of Placerville

Contract Term: 07/01/2012 - Perpetual Contract/Grant Value: \$Revenue

Compliance with Human Resources requirements? N/A X Yes \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: Incoming funding

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

Approved: X Disapproved: \_\_\_\_\_ Date: 8/5/14 By: [Signature]

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

EL PASO COUNTY COUNSEL  
14 JUL 30 AM 10:17

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/5/14 By: [Signature]

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

14 AUG -5 PM 2:50

Please contact \_\_\_\_\_ for pick-up. Thank you!

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

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: \_\_\_\_\_

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

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

[Signature] 7/26/14  
CFO Review/Date

[Signature] 7/29/14  
Asst. Director Review/Date