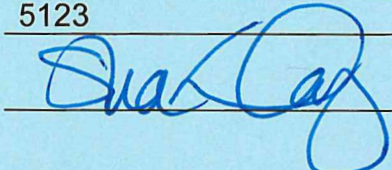


CONTRACT ROUTING SHEET

Date Prepared: 9/4/18

Need Date: 9/10/18

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Shawne Corley
Phone #: 5123
Department Head Signature: 


CONTRACTOR:

Name: Placerville Downtown Assoc.
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review of Funding Agreement
Contract Term: _____ Contract Value: \$5000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9/3/18 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 SEP -4 PM 2:33

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: _____