

# CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

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

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department  
Authorization: [Signature]

**CONTRACTOR:**

Name: CASA El Dorado  
Address: 347 Main Street  
Placerville, CA 95667  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Funding to ~~Marshall~~ for CASA El Dorado  
Contract Term: Thirty Days Contract Value: \$75,000  
Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 10/27/2014 By: J. San Pedro  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

See note in Article I. Subject to clarification on which entity will receive the funding.

TYPO ON BLUE ROUTE. FUNDING IS TO CASA ONLY. OTHER CHANGES INCORPORATED. UVB 12/22/14.

**RISK MANAGEMENT:**

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 10/3/14 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

No insurance requirements. KM

EL DORADO COUNTY COUNSEL  
2014 OCT 23 AM 9:30

14 OCT 28 AM 10:08  
HUMAN RESOURCES DEPT.