

# CONTRACT ROUTING SHEET

Date Prepared: 10/15/12

Need Date: 10/19/12

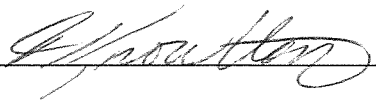
**PROCESSING DEPARTMENT:**

Department: Chief Administrative Office

Dept. Contact: Terri Knowlton

Phone #: 621-5571

Department

Head Signature: 

**CONTRACTOR:**

Name: El Dorado Chamber of Commerce

Address: 542 Main Street  
Placerville CA 95667

Phone: 530-621-5585

EL DORADO COUNTY COUNSEL  
2012 OCT 15 11:11:59

**CONTRACTING DEPARTMENT:** Chief Administrative Office

Service Requested: Promotions Activities

Contract Term: 10/1/10 – 9/30/13 Contract Value: \$89,140/yr + incr

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

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/17/12 By: 

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

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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: \_\_\_\_\_

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

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

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

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

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