

CONTRACT ROUTING SHEET

Date Prepared: 01/03/12

Need Date: January 9, 2013

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Linda Silacci-Smith *JP*
Phone #: x5417
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Wilkinson Revocable Trust
Address: PO. Box 992
Placerville, CA 95667
Phone: (530) 626-3406

HUMAN RESOURCES DEPT.
1/3 JAN 15 AM 9:47

CONTRACTING DEPARTMENT: CAO-Facilities/HHSA

Service Requested: Lease - Briw Road
Contract Term: 2-Years Contract Value: \$171,889.90
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 1/8/2013 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

*See notes on amendment
Please make the changes then no need to re-submit.*

*Amend Paragraph 31 to change
Contract Administrator to Russ*

RECEIVED
JAN 02 2013
El Dorado County Counsel

1/9/13 - changes incorporated. JP

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 1/9/2013 By: Adams
Approved: Disapproved: _____ Date: 1/10/2013 By: Adams

*1) no insurance certificates
2) they never requested ins certs from County? -
from what I am told NO - JP*

HUMAN RESOURCES DEPT.
JAN - 8 - 11 AM 3:12

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

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