

CONTRACT ROUTING SHEET

Date Prepared: 04/29/2011

Need Date: 05/11/2011

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Laura Schwartz
Phone #: 6541
Department
Head Signature: *Laura Schwartz for Terri Daly*

CONTRACTOR:

Name: SACOG
Address: _____
Phone: _____

RECEIVED
HUMAN RESOURCES DEPT
11 APR 32 AM 8:25

CONTRACTING DEPARTMENT: CAO

Service Requested: MOU to create a consortium
Contract Term: _____ Contract/Amendment Value: \$0.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

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

Approved: Disapproved: Date: 4-25-11 By: *Conley*
Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 APR 29 AM 10:57

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

Approved: Disapproved: Date: 5/10/11 By: *MSJ*
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: _____