

CONTRACT ROUTING SHEET

Date Prepared: September 4, 2013

Need Date: September 24, 2013

PROCESSING DEPARTMENT:

Department: CDA/Development Services
Dept. Contact: Char Tim
Phone #: X5351
Department _____
Head Signature: *Char Tim*
9/4/13

CONTRACTOR:

Name: **OR13-0001/Medical Marijuana
Address: Distribution Facility Ordinance
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: _____
Contract Term: _____ Contract 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: 9/5/13 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

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: _____

EL DORADO COUNTY COUNSEL
2013 SEP 11 PM 2:04

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

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