

CONTRACT ROUTING SHEET

Date Prepared: 3/23/15

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: District Attorney

Dept. Contact: Nancy Anderson

Phone #: 530-621-6484

Department: _____

Head Signature: 

CONTRACTOR:

Name: The Center for Violence Free Relationships

Address: 344 Placerville Dr., Ste. 11
Placerville, CA 95667

Phone: (530) 626-1450

CONTRACTING DEPARTMENT: District Attorney

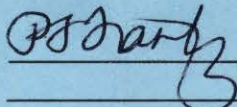
Service Requested: Provide domestic violence counselor per CalOES Grant

Contract Term: 3 years Contract Value: \$150,327

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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


Approved: Disapproved: _____ Date: 3/26/15 By: 

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

Insurance certificates up to date in Ebix

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 3/27/15 By: 

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: _____

EL DORADO COUNTY COUNSEL RECEIVED RESOURCES DEPT. 2015 MAR 24 PM 5:23 MAR 27 AM 6:45