## Date Prepared: 4-17-12 <br> PROCESSING DEPARTMENT:

Department:
Dept. Contact: Sherry Bahlman
Phone \#:
Department Head Signature:

Need Date: 4-30-12

## CONTRACTOR:

Name: El Dorado Office of Education
Address: Adult Education Program 6767 Green Valley Road, Placerville, CA 95667
Phone: 295-2261
CONTRACTING DEPARTMENT: Sheriff
Service Requested: Inmate education program per Title 15, Sect. 1061 of the CA Code of Regulations for the Sheriff's Office, South Lake Tahoe Jail
Contract Term: 7-1-12 to 6-30-13 Contract Value: \$36,018
Compliance with Human Resources requirements? Yes: No: Compliance verified by:
COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Disapproved: Disapproved: Date:
Date:

By:
 $\checkmark$ Article $x$ II - Indemnity - Now-standoond but
BOS approval required
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:
Approved:

Date: Date:
$\qquad$ By:
RISK MANAGER EL DORADO COUNTY

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
Approved:
Disapproved:
Date:
By:
Approved: Disapproved:
Date:
By:

