

CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: At time of Lavendar
#2012-33

PROCESSING DEPARTMENT:

Department: Chief Administrative Office

Dept. Contact: Russ Fackrell

Phone #: 530-621-7596

Department: _____

Head Signature: [Signature]

CONTRACTOR/Vendor:

Name: Alan V. Carlton and Diane J. Carlton Trust

Address: 3702 Whispering Pines Lane
Shingle Springs, CA 95682

Phone: (530) 677-5515 Ext. 111

CONTRACTING DEPARTMENT: Department of Child Support Services

Service Requested: Lease Agreement Review: Standard AIR form provided by Broker

Contract Term: 10 years and 10 months Contract Value: Varies over life

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 6/21/12 By: D. Livingston DLApproved: ✓ Disapproved: _____ Date: 8/1/12 By: D. Livingston DL

* SUBJECT TO REVISIONS AND COMMENTS NOTED ON DRAFT LEASE.

FINAL VERSION - PLEASE GET PROOF OF INSURANCE (§ 8.2(b).)

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6-21-12 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ 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: _____