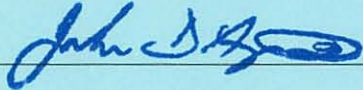


CONTRACT ROUTING SHEET

Date Prepared: 10/2/12

Need Date: 11/2/12

PROCESSING DEPARTMENT:

Department: Sheriff's OES
Dept. Contact: Tania Donnelly To
Phone #: 621-6636
Department
Head Signature: 


CONTRACTOR:

Name: Amador County
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:


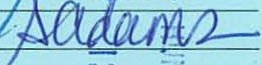
Service Requested: Agreement for Custody Services
Contract Term: When Signed - Continuous Contract Value: \$229,000 annually
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10/10/12 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 OCT -2 AM 10:28

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

Approved: ✓ Disapproved: _____ Date: 10/29/2012 By: 
Approved: _____ Disapproved: ✓ Date: 10/16/2012 By: 

need uns. certificates Done & approved. D. J.

RECEIVED
HUMAN RESOURCES DEPT.
2012 OCT 11 AM 8:4

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

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