

MOU

Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: ~~04/11/2011~~ 6/23/11 JK

Need Date: July 8, 2011

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Laura Schwartz
Phone #: 6541
Department
Head Signature: *Laura Schwartz*

CONTRACTOR:

Name: Marshall Foundation
Address: PO Box 1996
Placerville, CA 95667
Phone: 530-642-9984

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CONTRACTING DEPARTMENT: CAO

Service Requested: MOU for employee giving campaign

Contract Term: Event-specific Contract/Amendment 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: 6-23-11 By: *[Signature]*
Approved: Disapproved: Date: _____ By: _____

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EL DORADO COUNTY COUNSEL
11 JUN 23 PM 12:55

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

Approved: Disapproved: Date: 6/27/11 By: *[Signature]*
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: _____