Contract:	#627-S1310	Amend II
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Date Prepared:	May 6, 2014 Resubmitted 5/16/19	Need Date	e: May 21, 2014	
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Public Defender Hillary Crawford 6741	CONTRAC Name: Address: Phone:	CTOR: Phil Dannaker Mother Lode Inves 5581 Manzanita La (530) 748-6393	
Service Requeste Contract Term: 7 Compliance with I Compliance verifie	DEPARTMENT: Public Defender d: Review Amend I – Increase to 7/1/13-9/30/14 Human Resources requirements? ed by: Hillary Crawford SEL: (Must approve all contracts Disapproved: X Disapproved: Made to danky the	erm and comp s Contract Value: Yes: and MOU's) Date: <u>5/6/1</u> Date: <u>5/6</u> /1	X <u>\$135</u> No: <u>4</u> <u>14</u> By: <u></u>	2011 OF COUNTY C
				EL DORADO COUNTY
	TO RISK MANAGEMENT. THANKS! ENT: (All contracts and MOU's e Disapproved: Disapproved:	xcept boilerplate Date: <u>6/11</u> Date: <u></u>	e grant funding agre	
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) partic	cipating or direc Date: Date:	tly affected by this c By: By:	
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