

CONTRACT ROUTING SHEET

BOS 5/5/15

Date Prepared: 04/30/2015

Need Date: 05/01/2015

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Kelly Webb/ Mike Ciccozzi
Phone #: 6565
Department Head Signature: [Signature]

CONTRACTOR:

Name: Various Fire Districts
Address: Shown in Exhibit A
Phone: _____

CONTRACTING DEPARTMENT: CAO

Service Requested: None
Contract Term: Upon Execution - FY 14-15 Contract/Amendment Value: \$815,000.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: N/A

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

Approved: Disapproved: Date: 5/1/2015 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

With changes as noted

Changes made - KW 5/4/15

EL DORADO COUNTY COUNSEL
2015 APR 30 PM 3:18

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

Approved: Disapproved: Date: 5/4/15 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

Nothing for Risk

RECEIVED
HUMAN RESOURCES DEPT
15 MAY -1 PM 3:47

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

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