

CONTRACT ROUTING SHEET

Date Prepared: 7/13/15

Need Date: 7/17/15

PROCESSING DEPARTMENT:

Department: Auditor-Controller

Dept. Contact: Joe Harn

Phone #: 5476

Department

Head Signature: [Signature]

CONTRACTOR:

Name: N/A

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: CFD 2015-1 BLACKSTONE

Service Requested: Review Reso approving interpretation of RMA

Contract Term: _____ Contract Value: \$ _____

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

Compliance verified by: Prior review - specialized services. BOS approved.

EL DORADO COUNTY COUNSEL
2015 JUL 13 PM 4:19

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

Approved: Disapproved: _____ Date: 7/15/2015 By: [Signature]

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

With revisions per email.

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

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

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

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

N/A

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

Departments: _____

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

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