

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-12

Need Date: 6-26-12

**PROCESSING DEPARTMENT:**

Department: Health & Human Svc, SSD  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: X6262  
Department  
Head Signature: *Shirley I. C. Hodgson*

**CONTRACTOR:**

Name: Live Violence Free  
Address: 2941 Lake Tahoe Blvd.  
South Lake Tahoe, CA 96150  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency, Social Services Division

Service Requested: Operational agreement  
Contract Term: Perpetual Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_  
Compliance verified by: n/a

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/3/12 By: *ZRL*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Is this just for the name change? If so you should terminate the old contract, unless it expired.*  
~~\_\_\_\_\_~~ Done 8/1 7.20.12

EL DORADO COUNTY  
2012 JUN 18 PM 1:28  
EL DORADO COUNTY  
JUL -3 PM 2:00  
HUMAN RESOURCES DEPT.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7-5-12 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGER**

**EL DORADO COUNTY**

*Please write additional insured endorsement to read:  
El Dorado County, its officers, officials, employees, volunteers...  
Also, certificate number 6/30/12 - Please update. - Done 7-13-12*

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_