

CONTRACT ROUTING SHEET

Date Prepared: 8/12/08

Need Date: 08/26/08

PROCESSING DEPARTMENT:

Department: General Services  
Dept. Contact: Jordan Postlewait  
Phone #: 5330  
~~Department~~  
~~Head~~ Signature: Jordan Postlewait

CONTRACTOR:

Name: Not Applicable  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

2008 AUG 14 AM 8:31  
EL DORADO COUNTY COUNSEL  
Hand Delivered

CONTRACTING DEPARTMENT: General Services

Service Requested: Please review proposed resolution to apply for grant funding from the State Recreation Trails Program.

Contract Term: \_\_\_\_\_ Contract/Amendment Value: \$ \_\_\_\_\_  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/20/08 By: D. LIVINGSTON  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/20/08 By: Collette  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
08AUG 20 PM 2:44

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

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