

Contract #: 329-F1711  
Index Code: 531160

# CONTRACT ROUTING SHEET

Date Prepared: 11-10-2016 11-21-2016 Need Date: 12-14-2016

**PROCESSING DEPARTMENT:**

Department: HHSA/CS  
Dept. Contact: Zhana Mc Cullough  
Phone #: X7154  
Department  
Head Signature: Patricia Charles-Heathers  
Patricia Charles-Heathers, Ph.D., Director

**CONTRACTOR:**

Name: Marshall Foundation  
Address: P. O. Box 1996  
Placerville, CA 95667  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA/Community Services Division

Service Requested: Grant funding for costs related to 4-hour education program to the public on 02-11-2017.  
Contract Term: 02-11-2017 (one day) Contract/Grant Value: \$400  
Compliance with Human Resources requirements? N/A X Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: Funding

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

Approved: X Disapproved: \_\_\_\_\_ Date: 12/6/16 By: PS July  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2016 NOV 21 PM 2:21

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 12-7-16 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Nothing for Risk

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

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: \_\_\_\_\_

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

PM 1:21 HR/RM DEC 6 '16

[Signature] 11/18/16  
CFO Review Date

[Signature] 11/14/16  
Deputy Director, Administration and Contracts Date

11/10/16