## **CONTRACT ROUTING SHEET**

Date Prepared:	8-23-2016	Need Date:	A.S.A.P.
	County Counsel  KayAnn Markham  X 5770  Michael J. Ciecozzi  DEPARTMENT: County	Address: 21 Sa Phone: (9  unsel representation and de	bbott & Kindermann 100 21 <sup>st</sup> Street acramento CA 95818 116)456-9595
	Mandate. Completion of services Human Resources requirement	_ Contract Value:	\$ No:
Approved:  Approved:	BEL: (Must approve all contraction Disapproved: Disapproved: Disapproved:	Date:	By: KiMarkham
PLEASE FORWARD RISK MANAGEM Approved: Approved:	D TO RISK MANAGEMENT. THANK IENT: (All contracts and MOU' Disapproved: Disapproved:		grant funding agreements)  By:  By:  EDC HR/RISK  15 HUG Z4 PMU1114
OTHER APPROV Departments: Approved: Approved:	/AL: (Specify department(s) page   Disapproved:   Disapproved:	articipating or directly Date: Date:	y affected by this contract).  By: By: