

# CONTRACT ROUTING SHEET

Date Prepared: 12/4/14

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: CAO

Dept. Contact: Sue Hennike

Phone #: 5577

Department \_\_\_\_\_

Authorization: 

**CONTRACTOR:**

Name: El Dorado Community Foundation

Address: 312 Main Street, Suite 201 Placerville, CA 95667

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Foundation as Fiscal Agent for Veterans Projects

Contract Term: Until complete Contract Value: \$108,494

Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 12/11/2014 By: 

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

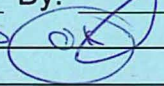
EL DORADO COUNTY COUNSEL  
2014 DEC -4 PM 3:24

**RISK MANAGEMENT:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 12/12/14 By: 

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

*no insurance requirements*



11 DEC 11 PM 4:36  
PROCES DEPT.