

CONTRACT ROUTING SHEET

Contract #:
#331-F1611

Date Prepared: 1/20/16

Need Date: 2/9/16

PROCESSING DEPARTMENT:

Department: _____
Dept. Contact: Creighton Ar19
Phone #: 5153
Department: _____
Head Signature: _____

CONTRACTOR:

Name: F1 Dorado Community Foundation
Address: 372 main street #201
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Foundation as Fiscal Agent for Veterans Projects
Contract Term: Until complete Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: _____

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

Approved: 1/20/16 Disapproved: _____ Date: 1/20/16 By: Nurithy Kim
Approved: _____ Disapproved: _____ Date: _____ By: _____

Recommend that the Agreement reference the Fiscal Year that is being funded
Recommend that the Not to Exceed Amount which Blue Book Sheet Contract Value be reconciled to reflect the \$139,648 as set forth in the agreement.
TC w C Ar19
New language is submitted pursuant to discussion above.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: x Disapproved: _____ Date: 1/21/16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

No ins Requirements
Nothing for Risk to approve

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____