

# CONTRACT ROUTING SHEET

EL DORADO COUNTY COUNSEL

3-6-17

Date Prepared: 2/24/17

Need Date: 3/03/17

2017 MAR - 6 AM 10:00

### PROCESSING DEPARTMENT:

Department: CAO

### CONTRACTOR:

Name: El Dorado Community Foundation

Dept. Contact: Creighton Avila

Address: 312 Main Street, Suite 201

Phone #: 5153

Placerville, CA 95667

Department

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

Head Signature: [Signature]

### CONTRACTING DEPARTMENT: CAO

Service Requested: Management of funds and programs

Contract Term: Expires when funds are expired Contract Value: \$122,585

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

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

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3/6/17 By: [Signature]

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

EL DORADO COUNTY COUNSEL  
2017 MAR - 6 AM 10:00

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3-6-17 By: [Signature]

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

Nothing for Risk

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

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

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

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