

Resolution #: \_\_\_\_\_

# RESOLUTION ROUTING SHEET

Date Prepared: 11/13/14

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Probation  
Dept. Contact: Darci Prall *DP*  
Phone #: Ext. 6076  
Department: \_\_\_\_\_  
Head Signature: *[Signature]*

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Probation / Facilities

Service Requested: SB81 Second Round funding administered by BSCC. Funding has been designated for the purpose of constructing a local youthful offender rehabilitative facility.

Contract Term: N/A Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: N/A No: N/A  
Compliance verified by: N/A

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

Approved: X Disapproved: \_\_\_\_\_ Date: 11/14/14 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2014 NOV 13 PM 2:08

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 11/17/14 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Nothing for Risk*

NOV 17 PM 3:11  
RISK MGMT. DEPT.

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

Departments: CAO-Facilities  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_