

# CONTRACT ROUTING SHEET

Date Prepared: 6/29/17

Need Date: For July 18<sup>th</sup> BOS Meeting

**PROCESSING DEPARTMENT:**

Department: CAO

**CONTRACTOR:**

Name: Superior Court of CA- El Dorado County

Dept. Contact: Sue Hennike

Phone #: 5577

Address: \_\_\_\_\_

Department \_\_\_\_\_

Head Signature: [Signature]

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

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Alternate Dispute Resolution Services

Contract Term: 5 Years Contract Value: \$410,000

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

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

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7/7/17 By: [Signature]

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

EL DORADO COUNTY COUNSEL  
2017 JUN 29 PM 2:48

Please Return to CAO - Sue Hennike

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

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

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

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

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

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

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

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