

# CONTRACT ROUTING SHEET

Date Prepared: Dec. 30, 2008

Need Date: Jan. 7, 2009-Please Rush

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: DeAnn Osborn

Phone #: X7338

Department: \_\_\_\_\_

Head Signature:   
Doug Nowka

**CONTRACTOR:**

Name: El Dorado County Office of Education

Address: 6767 Green Valley Road  
Placerville, CA 95667

Phone: (530) 295-2229

**CONTRACTING DEPARTMENT:** Human Services (Social Services)

Service Requested: Child Abuse Prevention Council (CAPC) Coordinator duties

Contract Term: 01/01/09 – 06/30/10 Contract Value: \$177,775.00

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

Compliance verified by: Patti Barton

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1-7-09 By: 

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

*\* Approval given to replace the indemnity clause with an acceptable mutual indemnity clause*

*1/7/09 Indemnity clause replaced as instructed.  
1/13/09 Addition of Fiscal Director's signature as additional executor OK'd by Ed Krapp. Also informed Counsel of modification to indemnity clause was made per their instructions, above*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/12/09 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: \_\_\_\_\_

**NOTE: Please call DeAnn Osborn for pick-up at X7338. Thank you!**

RECEIVED  
RISK MANAGEMENT DEPT  
JAN-9 PM 5:02