

CONTRACT ROUTING SHEET

Date Prepared: 01/11/18

Need Date: 02/12/18

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Tania Donnelly TD
Phone #: X6636
Department
Head Signature: [Signature] 1/16/18

CONTRACTOR:

Name: US DOJ - Drug Enfrcmnt Admin
Address: DCESP Funding
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Funding Agreement for Domestic Cannabis Eradication Suppression (DCESP)

Contract Term: 10/1/2017-09/31/18 Contract Value: \$56,000

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 1/22/18 By: [Signature]

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

EL DORADO COUNTY COUNSEL
2018 JAN 17 AM 7:46

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

Approved: _____ Disapproved: _____ Date: 1-23-18 By: [Signature]

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

Funding Agreement - No Insurance [Signature]

PM 4:45 HR/RM JAN 22 '18

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

Departments: _____

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

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