

CONTRACT ROUTING SHEET

Date Prepared: ~~9/28/15~~ ³⁰ 10/5/15

Need Date: 10/28/15

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Tania Donnelly T.D.
Phone #: 621-6636
Department Head Signature: *Jon DeVin* 10-5-15

CONTRACTOR:

Name: City of Placerville
Address:
Phone:

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Reimbursement Agreement with City of Placerville for FY 2014 HSG Grant
Contract Term: Until ~~5/31/18~~ 5/31/10 Contract Value: \$40,000
Compliance with Human Resources requirements? Yes: No: N/A
Compliance verified by:

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

Approved: Disapproved: Date: 10/07/15 By: *[Signature]*
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2015 OCT -5 PM 1:4
2015 OCT -7 PM 1:0

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

Approved: Disapproved: Date: 10/8/15 By: *[Signature]*
Approved: Disapproved: Date: By:
Govt Agency: *Nothing for Risk*

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

Departments:
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By: