

CONTRACT ROUTING SHEET

Date Prepared: 3/28/17

Need Date: 4/7/17

PROCESSING DEPARTMENT:

Department: District Attorney
Dept. Contact: Megan Arevalo
Phone #: 621-5147
Department
Head Signature: *Kawleen Ham* 3/29/17

CONTRACTOR:

Name: Center for Violence Free Relationships
Address: 344 Placerville Dr, Ste 11
Placerville, CA 95667
Phone: 530-626-1450

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review of contract amendment
Contract Term: 1/1/15-12/31/17 Contract Value: \$162,373
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

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

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: _____