

# CONTRACT ROUTING SHEET

Date Prepared: ~~9/30/15~~ 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 Dwin* 10/5/15

**CONTRACTOR:**

Name: City of Placerville SLT T.D.  
Address:  
Phone:

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Reimbursement Agreement with City of SLT for FY 2014 HSG Grant  
Contract Term: Until 5/31/18 5/31/16 Contract Value: \$17,909  
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: *Justitha Ken*  
Approved:  Disapproved:  Date:  By:

**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*

EL DORADO COUNTY COUNSEL  
2015 OCT -5 PM 1:06  
2015 OCT -7 PM 1:07

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

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