

CONTRACT ROUTING SHEET

Date Prepared: 10/17/14

Need Date: 11/17/14

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly T.D.
Phone #: 621-6636
Department Head Signature: [Signature] 10/23/14

CONTRACTOR:

Name: CA State Parks and Rec
Address: Boating and Waterway
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Boat Equipment Grant
Contract Term: 10/15/14 - 6/30/15 Contract \$40,000
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: [check] Disapproved: _____ Date: 11/18/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

- ① Grant Agreement Date is now Oct 15, 2014 but will actually be when the contract is signed and executed - Recommend you change date
- ② Pg 3) Contract term is 15 yrs but funds must be spent by June 30, 2015 - (see pg 1) unless state otherwise. On pg 6 grant terminates in 3 years after the effective date
- ③ Pg 6 also includes indemnity by County; Additional indemnity provision on pg 13
- ④ Pg. 34 - review section 18.32 re Equipment that include Procurement Requirements
- ⑤ Pg 8: Need to compare procedures under 49 CFR Part 18 with Co. Procurement Procedures

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

Approved: [check] Disapproved: _____ Date: 11/19/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

- ⑥ Identify County Contract Administrator for Grant Govt Agency Grant - No insurance needed along with identification of Title of Authorized Representative for signature. Board that would be approved and Pg. 63-

Approved By RDK 11/19/14

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

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

11/19 AM 8:52
SOLIMES DEPT.