

CONTRACT ROUTING SHEET

Date Prepared: 2/24/17

Need Date: 3/13/17

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden *KB*
Phone #: 530-621-5657
Department Head Signature: *J.D.V. 3/7/17*

CONTRACTOR:

Name: California State Parks- Off Highway Vehicle Division
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Resolution to apply for FY 17/18 OHV Grant
Contract Term: NA Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: NA
Compliance verified by: _____

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

Approved: *with change listed below* Disapproved: _____ Date: *3/10/17* By: *Debra J. Ward*
Approved: _____ Disapproved: _____ Date: _____ By: _____

1. Delete 4th "whereas" clause - unless you have a qualified opinion or certification that this is true.

EL DORADO COUNTY COUNSEL
2017 MAR -9 AM 10:32

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: _____