

CONTRACT ROUTING SHEET

Date Prepared: 08/02/19

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Sara Dougherty
Phone #: 530-621-5657
Department: [Signature]
Head Signature: [Signature]

CONTRACTOR:

Name: US Forest Service
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Review of Cooperative Agreement – Exhibits A & B
Contract Term: 10/01/18 – 09/30/19 Contract Value: \$12,000 - 37,000
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8/12/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
AUG 12 2019
BY: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/14/19 By: LC FOR MEP
Approved: _____ Disapproved: _____ Date: _____ By: _____

No insurance certs needed.

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

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