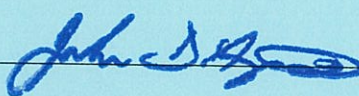


CONTRACT ROUTING SHEET

Date Prepared: 12/12/11

Need Date: 1/12/11

PROCESSING DEPARTMENT:

Department: Sheriff's OES
Dept. Contact: Tania Donnelly TD
Phone #: 621-6636
Department
Head Signature: 


CONTRACTOR:

Name: City of SLT
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: FY 2009/2010 Homeland Security Grant Reimbursement Agreement
Contract Term: Ends April 30, 2012 Contract Value: \$70,000.00
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____


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

Approved: Disapproved: _____ Date: 12/13/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

** With understanding that all signatory pages will be changed to include the City Council and the Board of Supervisors. 12/13 TC w/T. Donnelly who indicated that new grant approval by our BOS will authorize the Sheriff to sign as their designee in the future*

RECEIVED
12 PM 4:17
EL DORADO COUNTY COUNSEL

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

Approved: Disapproved: _____ Date: 12/14/11 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: _____

11 DEC 13 PM 4:10
RECEIVED
HUMAN RESOURCES DEPT.