

CONTRACT ROUTING SHEET

Date Prepared: 8/14/17

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Alison Winter
Phone #: 530-621-5690
Department
Head Signature: *[Signature]* 8-16-17

CONTRACTOR:

Name: US Dept of Justice
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff and District Attorney

Service Requested: Equitable Sharing Agreement and Certification
Contract Term: End June 30, 2017 Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 8/21/17 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

COLORADO COUNTY COUNSEL
AUG 18 AM 11:05

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 8-22-17 By: NS
Approved: _____ Disapproved: _____ Date: _____ By: _____

NOTHING FOR RISK

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

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