

Contract #: DI19001

CONTRACT ROUTING SHEET

Date Prepared: 08/08/18

Need Date: 8/17/18

PROCESSING DEPARTMENT:

Department: District Attorney

Dept. Contact: Megan Arevalo *MA*

Phone #: 621-5147

Department

Head Signature: *[Signature]*

CONTRACTOR:

Name: Office of Traffic Safety

Address: 2208 Kausen Dr, Ste 300

Elk Grove, CA 95758

Phone: 916-509-3030

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Grant Agreement

Contract Term: 10/1/18 - 9/30/19 Contract Value: \$200,978

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

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

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

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: _____
