

CONTRACT ROUTING SHEET

Date Prepared: 09/04/2009

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Mary Pierce
Phone #: X 5691
Department
Head Signature: _____

CONTRACTOR:

Name: Department of Justice
Address: Aca.submit@usdoj.gov
Phone: FAX (202) 616-1344

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COUNTY COUNSEL
SEP 4 PM 3:58

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Equitable Sharing Agreement with DOJ for Asset Seizure participation
Contract Term: 07/01/2008 – 06/30/2009 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: 9-8-09 By: [Signature]
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: 9/9/09 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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