

CONTRACT ROUTING SHEET

Date Prepared: ²⁰ ~~9/28/15~~ 10/5/15

Need Date: 10/28/15

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Tania Donnelly T.D.
Phone #: 621-6636
Department: _____
Head Signature: *[Signature]* 10/5/15

CONTRACTOR:

Name: City of Placerville
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Reimbursement Agreement with City of Placerville for FY 2015 HSG Grant
Contract Term: Until 5/31/18 Contract Value: \$60,000
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: _____ Disapproved: _____ Date: 10/07/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

On condition that the timelines set forth in the agreement meet the requirements and are set forth in the CA Governor's Office of Emergency Services FY 2015 Grant Assurances documents that have not been attached to this agreement

Noted 10/8/15 T.D.

EL DORADO COUNTY COUNSEL
OCT -5 PM 1:46

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

Approved: _____ Disapproved: _____ Date: 10/8/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Govt Agency

Nothing for RUX

OCT -7 PM 1:11

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

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