

CONTRACT ROUTING SHEET

Date Prepared: 11/17/09

Need Date: 11/30/09

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: US Forest Service
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review of Cooperative Agreement - Exhibit A
Contract Term: 10/1/09 - 09/30/2010 Contract Value: \$5,000
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11-18-09 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 11/20/09 By: [Signature]
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: _____