

# CONTRACT ROUTING SHEET

Date Prepared: 11/10/09

Need Date: 11/16/09

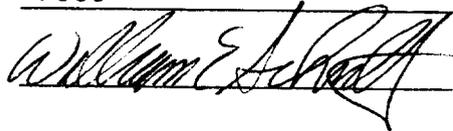
**PROCESSING DEPARTMENT:**

Department: Elections

Dept. Contact: William E. Schultz

Phone #: 7505

Department

Head Signature: 

**CONTRACTOR:**

Name: CA Secretary of State

Address: 1500 11<sup>th</sup> St, Room 460

Sacramento, CA 95814

Phone: (916) 653-5974

**CONTRACTING DEPARTMENT:** Elections

Service Requested: HAVA Section 303 Grant #2 Funding Distribution

Contract Term: 01/04/10 to 12/31/12 Contract Value: \$468.00

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: X

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 12-8-09 By: 

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: \_\_\_\_\_ By: \_\_\_\_\_

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: \_\_\_\_\_

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