

CONTRACT ROUTING SHEET

Date Prepared: ~~3/28/16~~ 4/15/16 4/18/16

Need Date: ~~4/16/16~~ 4/25/16 5/15/16

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden
Phone #: 530-621-5657
Department Head Signature: [Signature] 4/18/16

CONTRACTOR:

Name: US Forest Service
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Review of Cooperative Agreement – Exhibits A & B
Contract Term: 10/01/15 – 09/30/16 Contract Value: \$35,000.06
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 5/4/16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

COLORADO COUNTY COUNSEL
2015 MAY -2 PM 2:13

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 5-5-16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

NOTHING FOR RISK

EDC HR/RISK

'16 MAY 05 PM 02:38

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

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