

CONTRACT ROUTING SHEET

Date Prepared: 8/14/17

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: District Attorney
Dept. Contact: Megan Arevalo
Phone #: 621-5147
Department
Head Signature: *Megan Arevalo*

CONTRACTOR:

Name: Office of Traffic Safety
Address: 2208 Kausen Dr, Ste 300
Elk Grove, CA 95758
Phone: 916-509-3030

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Grant Agreement
Contract Term: 10/1/17-9/30/18 Contract Value: \$195,677
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9/1/17 By: *Justina Kern*
Approved: _____ Disapproved: _____ Date: _____ By: _____

See 49 CFR Part 19 and requirements for Certification by V Pearson

RECEIVED COUNTY COUNSEL
SEP 15 AM 8:18

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: 20 Disapproved: _____ Date: 9-6-17 By: *MS*
Approved: _____ Disapproved: _____ Date: _____ By: _____
NOTHING FOR RISK

PM 4:21 HR/RM SEP 5 '17

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

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