

RUSH!

Contract #: Victim Witness Assistance Grant Application FY 16/17
CONTRACT ROUTING SHEET

Date Prepared: 6/1/16

Need Date: ASAP

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: CalOES (formerly CalEMA)
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Victim/Witness Assistance Program Grant Application
Contract Term: 7/1/16-6/30/17 Contract Value: \$225,817
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

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

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: _____

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

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