

Contract #: Workers' Compensation Insurance Fraud Grant FY 18/19
CONTRACT ROUTING SHEET

Date Prepared: 11/15/18

Need Date: ASAP

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: CA Department of Insurance
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review REVISED FY 18/19 Workers' Comp Resolution
Contract Term: 7/1/18-6/30/19 Contract Value: \$353,173
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: PLA mg

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

Approved: X Disapproved: _____ Date: 11/19/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
NOV 15 AM 11:01

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 11/26/18 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: _____