

Date Prepared: 10/16/17

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly
Phone #: 530-621-6636
Department Head Signature: [Signature]

CONTRACTOR:

Name: US Forest Service
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Review of new Master Cooperative Agreement - Exhibits A & B to follow
Contract Term: 10/01/17 - 09/30/22 Contract Value: Pending Ex A&B
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: _____ Disapproved: Date: 10/16/17 By: [Signature]
Approved: Disapproved: _____ Date: 10/16/17 By: [Signature]

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EDD COUNTY COUNSEL
OCT 16 AM 8:48

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 10-16-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Nothing for Risk.

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

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