

CONTRACT ROUTING SHEET

*Agenda File 18-1189
fr 10/9/18*

Date Prepared: 09/18/18

Need Date: 10/2/18

PROCESSING DEPARTMENT:

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

CONTRACTOR:

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

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review FY 18/19 Automobile Insurance Fraud Grant & Resolution
Contract Term: 7/1/18-6/30/19 Contract Value: \$231,870
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: *PLA [Signature] 9/21/18*

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

Approved: *X* Disapproved: _____ Date: *9/20/18* By: *PSY*
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: *9/21/18* By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 SEP 19 AM 9:46

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

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