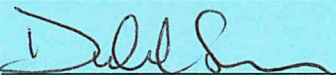


CONTRACT ROUTING SHEET

Date Prepared: 8/12/16

Need Date: ASAP

PROCESSING DEPARTMENT:

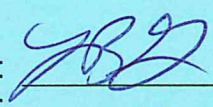
Department: Child Support Services
Revenue Recovery Division
Dept. Contact: Ginger Harms
Phone #: 7238
Department
Head Signature: 
Don Semon

CONTRACTOR:

Name: State of California
Franchise Tax Board
Address: 9646 Butterfield Way
Rancho Cordova, CA 95741
Phone: 916-845-5118

CONTRACTING DEPARTMENT: Child Support Services, Revenue Recovery Division

Service Requested: Court Ordered Debt Collection Program
Contract Term: 12/1/16 – 11/30/19 Contract Value: \$Unknown
Compliance with Human Resources requirements? Yes: No:
Compliance verified by:

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: Date: 8/13/16 By: 
Approved: Disapproved: Date: By:

The contract value is unknown because it is based on the amount collected by FTB under this Court Ordered Debt Program. FTB retains a percentage of each collection as an administrative fee. Participation in this program is authorized and required under R&T Code Sections 19280 – 19283 and PC 1463.10. This agreement will be approved by the Board due to the fact that the value is unknown.

I have attached a copy of our current agreement for your reference.

E. ORLANDO COUNTY COUNSEL
AUG 13 11 AM 8:53

Please call Ginger Harms, ext 7238 to pick up after CC review. No need to send to Risk as the agreement is with a State agency. Thank you,

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: