

CONTRACT ROUTING SHEET

Date Prepared: 09/11/12

Need Date: 09/30/12

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: State of CA Parks
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Grant Program Agreement - OHV Grant *County Match 12,221.00*
Contract Term: 07/01/12- 06/30/13 Contract Value: Grant = \$36,661.00
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9/12/12 By: Judith Kern
Approved: _____ Disapproved: _____ Date: _____ By: _____

*TC w Tania - Bd agenda item will explain:
County Match is \$12,221.00 - will use OHV in lieu fees;
Grant Amount is 36,661.00
See attached grant that is part of agreement.
Grant replication request was partially granted.*

EL DORADO COUNTY COUNSEL
2012 SEP 12 AM 8:01

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 9-12-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Public Emory - State of CA

**RISK MANAGER
EL DORADO COUNTY**

RECEIVED
HUMAN RESOURCES DEPT.
12 SEP 12 PM 4:39

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

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