

# CONTRACT ROUTING SHEET

Date Prepared: 08/19/2019

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office  
Dept. Contact: Monica Ferguson  
Phone #: 530-621-7613  
Department Head Signature: [Signature] 8/19/19

**CONTRACTOR:**

Name: US DOJ  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff's Office and District Attorney

Service Requested: Review JAG Grant Certifications and Assurances  
Contract Term: 10/1/18 - 09/30/20 Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/20/19 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Approved as to form. Department responsible for verifying accuracy of certifications. Will need authorization from Board to certify on behalf of County as a whole, as required in paragraph 1. Check prior Board actions re: JAG grants to see if this has already been authorized, or if new Board action is required.*

AUG 20 2019  
[Signature]  
BY: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
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: \_\_\_\_\_