

CONTRACT ROUTING SHEET

Date Prepared: 4/26/16

Need Date: ASAP

RUSH!

PROCESSING DEPARTMENT:

Department: CAO for District Attorney

Dept. Contact: Megan Arevalo

Phone #: 621-5147

Department Head Signature: *Megan Arevalo*

CONTRACTOR:

Name: CalOES (formerly CalEMA)

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Certification of Assurance of Compliance amendment (rev. 4/2016)

Contract Term: 1 Year Contract Value: \$225,817

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: n/a

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

Approved: X Disapproved: _____ Date: 4/26/16 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2016 APR 26 PM 12:01

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 4-27-16 By: _____

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

Nothing for Risk

EDC HR/RISK

16 APR 26 PM 04:03

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

Departments: _____

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

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