

# CONTRACT ROUTING SHEET

Date Prepared: 3/24/16

Need Date: 3/30/16

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office

Dept. Contact: Kelley Golden

Phone #: 530-621-5657

Department: \_\_\_\_\_

Head Signature: *[Signature]* 4/11/16

**CONTRACTOR:**

Name: US. Department of Justice- DEA

Address: Domestic Cannabis Eradication Program

Phone: \_\_\_\_\_

**RECEIVED**

**APR 12 2016**

**El Dorado County Counsel**

**CONTRACTING DEPARTMENT:** Sheriff's Office

Service Requested: Letter of Agreement between EDSO and DEA for marijuana suppression

Contract Term: 01/01/16 - 09/30/16 Contract Value: \$75,200

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/19/16 By: *[Signature]*

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

*See Bill and determine whether dept has any issues in regard to this requirement. If so, please resubmit 4/18 - TC to K Golden*

**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: \_\_\_\_\_