

# CONTRACT ROUTING SHEET

Date Prepared: 8/20/18

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office  
Dept. Contact: Alison Winter  
Phone #: 5690  
Department Head Signature: *[Signature]* 8/21/18

**CONTRACTOR:**

Name: US Dept of Justice  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff and District Attorney

Service Requested: Equitable Sharing Agreement and Certification  
Contract Term: End June 30, 2018 Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/22/18 By: *[Signature]*

EL DORADO COUNTY COUNSEL  
AUG 21 PM 3:45

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: \_\_\_\_\_