

# CONTRACT ROUTING SHEET

Date Prepared: 09/20/13

Need Date: 10/20/13

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office  
Dept. Contact: Tania Donnelly  
Phone #: 621-6636  
Department: 13-03-13  
Head Signature: [Signature]

**CONTRACTOR:**

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

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Equitable Sharing Agreement and Certifications Correction for FY 2009, 2010 and 2011

Contract Term: N/A Contract Value: 0

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

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

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/21/13 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Red: Asset Forfeiture Programs Special Revenue Funds

EL DORADO COUNTY COUNSEL  
2013 OCT -4 PM 3:10

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 10/22/13 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Nothing for Risk

RECEIVED  
HUMAN RESOURCES DEPT.  
OCT 21 PM 3:51

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

Departments: \_\_\_\_\_

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