

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/16/2021

Need Date: 09/23/2021

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: CAO Fiscal for District Attorney

Name: California Department of Insurance

Dept. Contact: Justene Cline

Address: 2400 Del Paso Road, Suite 250

Phone: 916-271-8026

Sacramento, CA 95834

Department: KERRI

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

Head Signature: WILLIAMS-HORN Digitally signed by KERRI WILLIAMS-HORN Date: 2021.09.17 10:44:00 -0700'

Org Code: 2200000

Kerri Williams-Horn

Project # \_\_\_\_\_

Chief Fiscal Officer

(if applicable): 22WC

Funding Source: CA State Dept. of Insurance

**CONTRACTING DEPARTMENT:** District Attorney

Service Requested: Review FY 21/22 Workers' Compensation Fraud Grant Agreement, After Award Section III & Resolution.

Description: \_\_\_\_\_

Contract Term: 07/01/21-06/30/22 Contract Value: \$ 437,474.00

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

Approved:  Disapproved:  Date: 09/30/2021 By: Roger A. Runkle Digitally signed by Roger A. Runkle Date: 2021.09.30 10:51:56 -0700'

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

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL SIGNED DOCUMENT TO:** justene.cline@edcgov.us

**Thank you!**