

CONTRACT ROUTING SHEET

Date Prepared: 9/13/18

Need Date: 9/27/18

PROCESSING DEPARTMENT:

Department: CAO for District Attorney
Dept. Contact: Megan Arevalo *WA*
Phone #: 5147
Department
Head Signature: *Laura Schwarz*

CONTRACTOR:

Name: California Governor's Office of
Emergency Services (CalOES)
Address: 3650 Schriever Ave
Mather, CA 95655
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Sexual Assault Law Enforcement Specialized Units (ST) Program
RFP and Grant Application

Contract Term: 10/1/18-9/30/19 Contract Value: \$272,667

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

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 9/26/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 9/27/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 SENT ID
AM ID: 58

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

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