



Contract #: 521-S1710, Amd I

CONTRACT ROUTING SHEET

Date Prepared: 7/11/17

Need Date: 7/11/17

PROCESSING DEPARTMENT:

Department: CAO for District Attorney
Dept. Contact: Megan Arevalo
Phone #: 621-5147
Department Head Signature: *Aurora Schwarz*

CONTRACTOR:

Name: Capitol Tech Solutions
Address: 2831 G Street, Ste 110
Sacramento, CA 95816
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review contract amendment
Contract Term: 5/15/17-5/14/18 Contract Value: \$68,000
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Misty Garcia

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

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