

CONTRACT ROUTING SHEET

Date Prepared: 1/21/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly
Phone #: 621-6636
Department Head Signature: *Jn Dev. 1/21/16*

CONTRACTOR:

Name: County of Sacramento
Address: 4800 Broadway, Suite 100
Sacramento, CA 958203
Phone: 916-874-9321

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Amendment I to increase comp for autopsy support and morgue services as needed

Contract Term: 7/1/14 to 6/30/16 Contract Value: \$150,000

Compliance with Human Resources requirements? Yes: No:

Compliance verified by:

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

Approved: ✓ Disapproved: Date: 1/21/16 By: *[Signature]*

Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2016 JAN 21 AM 11:31

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

Approved: ✓ Disapproved: Date: 1/21/16 By: *[Signature]*

Approved: Disapproved: Date: By:

Sac County provides evidence of self-insured status

EL DORADO COUNTY COUNSEL
2016 JAN 21 AM 11:12

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: