

# CONTRACT ROUTING SHEET

Date Prepared: 1/30/15 2/3/15

Need Date: 2/27/15

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office  
Dept. Contact: Tania Donnelly  
Phone #: 621-6636  
Department Head Signature: [Signature] 2/2/15

**CONTRACTOR:**

Name: City of SLT Fire  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: FY 2014 Homeland Security Grant Reimbursement  
Contract Term: 9/1/14-5/31/16 Contract \$20,329  
Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/5/15 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2015 FEB -4 AM 7:49

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 2/5/15 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Govt Agency self insurance Nothing for Risk

15 FEB -6 PM 3:24

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

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