

# CONTRACT ROUTING SHEET

Date Prepared: 11/15/18

Need Date: ASAP

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: CA Department of Insurance  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** District Attorney

Service Requested: Review REVISED FY 18/19 Automobile Insurance Fraud Resolution  
Contract Term: 7/1/18-6/30/19 Contract Value: \$231,870  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: NA *Megan*

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

Approved: X Disapproved: \_\_\_\_\_ Date: 11/19/18 By: *PTorrey*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2018 NOV 15 AM 11:01

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/26/18 By: *[Signature]*  
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: \_\_\_\_\_