

# CONTRACT ROUTING SHEET

Date Prepared: ~~03/31/15~~ 4/10/15

Need Date: ~~04/15/14~~ 5/16/15

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office

Dept. Contact: Tania Donnelly T.D.

Phone #: 621-6636

Department: \_\_\_\_\_

Head Signature: [Signature] 4/9/15

**CONTRACTOR:**

Name: USDOJ - DEA

Address: Domestic Cannabis Eradication Program

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Letter of Agreement between EDSO and DEA for marijuana suppression

Contract Term: 01/01/15 - 12/31/15 Contract Value: \$80,000

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A

Compliance verified by: \_\_\_\_\_

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

Approved:  with conditions below Disapproved: \_\_\_\_\_ Date: 5/1/15 By: Judith Kerr

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

Identify "County contract administrator" in Agreement. This can be the person who signs the agreement on behalf of the Sheriff. This person will be responsible for ensuring that certifications and other duties in agreement are accomplished.

DPRARD COUNTY COUNSEL  
2015 APR 16 PM 4:01

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 5/1/15 By: [Signature]

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

No insurance

Nothing for Risk

MAY - 1 AM 10:57

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

Departments: \_\_\_\_\_

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

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