

# CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Sheriff  
Dept. Contact: Darin Lewis  
Phone #: 6674  
Department  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: Placerville Police Department  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: MOU BETWEEN EDCSO AND PLACERVILLE POLICE RE: SWAT TEAM MEMBERSHIP  
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  *with changes below* Disapproved: \_\_\_\_\_ Date: 6/24/10 By: *Justitha Kern*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

6/24 TC to A Lewis - left message  
1. Typo on pg 6 reference in section 6 to Sheriff's Office Policy  
2. Signature page for Bd will be changed to standard contract form. Alternatively, get authority from Bd to have Board delegate signature authority to Sheriff

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/1/10 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: \_\_\_\_\_

10 JUL -1 AM 10:57  
COUNTY CLERK DEPT