

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/24/2021

Need Date: 12/03/8021

PROCESSING DEPARTMENT:

Department: Sheriff

Dept. Contact: Monica Ferguson

Phone: X7613

Department Head Signature: Jon DeVille
Digitally signed by Jon DeVille
Date: 2021.11.30 09:51:46
-08'00'

CONTRACTOR:

Name: City of Placerville

Address: _____

Phone: _____

Org Code: _____

Project #
(if applicable): _____

Funding Source: HSG20

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Review Reimbursement Agreement

Description: _____

Contract Term: 10/1/2019-05/30/2023 Contract Value: \$ 21,500.00

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

Approved: Disapproved: Date: 12/01/2021 By: Stephen L. Mansell
Digitally signed by Stephen L. Mansell
Date: 2021.12.01 16:35:10 -08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!