

CONTRACT ROUTING SHEET

Date Prepared: 09/11/2019

Need Date: 01/01/2020

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Sara Dougherty
Phone #: 530-621-5657
Department
Head Signature: *[Signature]* 9/11/19

CONTRACTOR:

Name: Sacramento County Coroner
Address: 4800 Broadway, Suite 100
Sacramento, CA 95820-1530
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Furnish personnel and equipment necessary to provide autopsy, support and morgue services on an "as requested" basis.

Contract Term: 01/01/20 – 06/30/2023 Contract Value: \$ NTE 225,000

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: _____

[Handwritten initials]
[Handwritten date: 9/11/19]

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

Approved: ✓ Disapproved: _____ Date: 9/13/19 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
BY: 3145 P
SEP 12 2019

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 9/17/19 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Mutual indemnification appropriate - Both entities are self insured w/ EIA.

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____