

CONTRACT ROUTING SHEET

Date Prepared: 2/10/17

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Kelley Golden *XB*

Phone #: 530-621-5657

Department: J. D. [Signature] *2/13/17*

Head Signature: [Signature]

CONTRACTOR:

Name: US. Department of Justice- DEA

Address: Domestic Cannabis Eradication Program

Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

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

Contract Term: 10/01/16 – 09/30/17 Contract Value: \$40,000

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 2/13/17 By: [Signature]

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

EL DORADO COUNTY COUNSEL
2017 FEB 13 AM 9:03

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

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

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

Nothing for Risk

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

Departments: _____

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

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