

CONTRACT ROUTING SHEET

Date Prepared: 8/3/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden
Phone #: 530-621-5657
Department: _____
Head Signature: *Jon DeVan* 8/5/16

CONTRACTOR:

Name: County of LA
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Intrastate Prisoner Transport- Amendment to add billing rate for 2016-17
Contract Term: 7/1/14-6/30/19 Contract Value: \$40,000.00
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: _____ Date: 8/17/16 By: *Michael Ken*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 AUG -5 PM 4:36

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 8-19-16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

No Insurance Requirements- Governmental Agency

I NOTE MUTUAL INDEMNIFICATION AGREEMENTS BUT NO INSURANCE REQUIREMENTS IN SUPPORT THEREOF. THEREFORE NOTHING FOR RISK

16 AUG 10 PM 12:15

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

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