

CONTRACT ROUTING SHEET

Date Prepared: 09/03/09

Need Date: 09/17/09

PROCESSING DEPARTMENT:

Department: Sheriff's OES
Dept. Contact: Tania Donnelly
Phone #: 621-6636
Department Head Signature: Tania Donnelly

CONTRACTOR:

Name: WENET - CHP
Address: _____
Phone: _____

Joseph A. [Signature]

CONTRACTING DEPARTMENT:

Service Requested: MOU for CalMMET Grant
Contract Term: 07/01/09 - 06/30/10 Contract Value: N/A
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9/3/09 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

First draft #101 - 2009-09-03 - 2/09 - 10/09 - 10/09

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

CONTRACT ROUTING SHEET

Date Prepared: 9-4-09

Need Date: 9-18-09

*Contract to
be reviewed*

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Sherry Bahlman
Phone #: 621-5690
Department Head Signature: *Sherry Bahlman*

CONTRACTOR:

Name: WENET MOU w/El Dorado
Address: County Probation
Phone: _____

Joseph A. ...

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Set forth responsibilities of participating agencies as they relate to WENET.
Contract Term: 7-15-09 to 6-30-10 Contract Value: 0
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9/15/09 By: *Michelle Kern*
Approved: _____ Disapproved: _____ Date: _____ By: _____

*9/23 Please see attached memo with recommendations for changes
to the MOU. The MOU is being reviewed.
The recommendations are to correct the MOU and provide signature of the MOU.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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