

CONTRACT ROUTING SHEET

Date Prepared: 08/17/18

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Tania Donnelly TD
Phone #: X6636
Department Head Signature: [Signature]

CONTRACTOR:

Name: Cal OES Resolution
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Resolution authorizing Sheriff Office staff to sign grant documents
Contract Term: 2018-2021 Contract Value: 0
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 8/20/18 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 AUG 20 PM 7:20

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Reso - No insurance

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

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

AM 10:24 HR/RM AUG 21 '18