

CONTRACT ROUTING SHEET

Date Prepared: 05/28/14

Need Date: 06/15/14

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly T.D.
Phone #: 621-6636
Department: _____
Head Signature: Jon DeVillie 6-3-14

CONTRACTOR:

Name: Placer County DA - SART Exams
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Sexual Assault Response Team forensic services from Placer County DA

Contract Term: 7/1/14-6/30/17 Contract Value: \$30,000

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

Compliance verified by: Mike Strella on 05/28/14

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

Approved: J a5 to 10 am Disapproved: _____ Date: 6/4/14 By: Stella Kern
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2014 JUN -3 PM 3:24

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

Approved: ✓ Disapproved: _____ Date: 6/5/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Governmental Agency Self Insurance

RECEIVED
EL DORADO COUNTY DEPT
2014 JUN -5 AM 9:52

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

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