

# CONTRACT ROUTING SHEET

Date Prepared: 6/14/17

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office

**CONTRACTOR:**

Name: El Dorado County Superior Court

Dept. Contact: Kelley Austin *KA*

Address: \_\_\_\_\_

Phone #: 530-621-5657

Phone: \_\_\_\_\_

Department Head Signature: *J. DuV. 6/14/17*

**CONTRACTING DEPARTMENT:** Sheriff's Office

Service Requested: Funding Agreement for Security Services in the El Dorado County Courts

Contract Term: 07/01/17 - 06/30/18

Contract Value: \_\_\_\_\_

\$3,047,631.00

Compliance with Human Resources requirements? \_\_\_\_\_

Yes: N/A

No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/14/17 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2017 JUN 14 PM 2:40

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6-14-17 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PH3:41 HR/RM JUN 14 '17

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_