

Contract #: High Impact Insurance Fraud Grant FY 18/19

# CONTRACT ROUTING SHEET

Date Prepared: 1/28/19

Need Date: 2/6/19 (est docs date 2/26/19)

### PROCESSING DEPARTMENT:

Department: CAO for District Attorney  
Dept. Contact: Megan Arevalo  
Phone #: 5147  
Department: \_\_\_\_\_  
Head Signature: [Signature]

### CONTRACTOR:

Name: CA Department of Insurance  
Address: 2400 Del Paso Rd, Suite 250  
Sacramento, CA 95834  
Phone: (916) 854-5760

### CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review FY 18/19 High Impact Insurance Fraud Grant & Resolution  
Contract Term: 7/1/18-6/30/19 Contract Value: \$60,000  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 2-6-19 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 2/7/19 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNCIL  
2019 FEB -1 PM 3:44

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

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