

CONTRACT ROUTING SHEET

Date Prepared: 03/13/20Need Date: ASAP**PROCESSING DEPARTMENT:**Department: Sheriff's OfficeDept. Contact: Monica FergusonPhone #: 530-621-7613Department Jan D.V. 3/13/20

Head Signature: _____

CONTRACTOR:Name: CalOES

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Sheriff's OfficeService Requested: Review of Resolution Language for Disaster FundingContract Term: N/A Contract Value: \$0.00Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)Approved: ✓ Disapproved: _____ Date: 3/13/20 By: D. Livingston

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

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

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

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

___ Nothing for Risk _____

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

Departments: _____

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

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