

CONTRACT ROUTING SHEET

Date Prepared: 8/22/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Kelley Golden

Phone #: 530-621-5657

Department Head Signature: *[Signature]* 8/26/16

CONTRACTOR:

Name: US Dept of Justice

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Sheriff and District Attorney

Service Requested: Asset Seizure Participation Certification

Contract Term: End June 30, 2016 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 10/05/16 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2016 SEP 19 AM 10:48

Note: DA indicates that transfer of \$49,016/36 will be reported in 2016/17 reporting period

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: *[Signature]* Disapproved: _____ Date: 10/18/16 By: _____

Approved: _____ Disapproved: _____ Date: _____ By: *[Signature]*

No insurance needed

Nothing for Risk

EDC:HR/RISK

16 OCT 06 AM 08:20

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

Departments: _____

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

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