

# CONTRACT ROUTING SHEET

Date Prepared: 7/01/15

Need Date: 7/13/15

**PROCESSING DEPARTMENT:**

Department: Sheriff's Department

Dept. Contact: Jon Deville

Phone #: Ext. 5691

Department

Head Signature: 

**CONTRACTOR:**

Name: State of California, Office of  
Emergency Services

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

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

**CONTRACTING DEPARTMENT:** Sheriff's Department

Service Requested: Authorizing County agents pertaining to State Disaster Assistance and its  
assurances and agreements

Contract Term: Three years Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: X

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

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/6/15 By: 

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

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

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

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

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

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

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