

CONTRACT ROUTING SHEET

Date Prepared: 02/26/20

Need Date: 03/06/20 (03/24 Board Date)

PROCESSING DEPARTMENT:

Department: District Attorney

Dept. Contact: Audra Anderson

Phone #: 5144

Department [Handwritten Signature]

Head Signature: [Handwritten Signature]

CONTRACTOR:

Name: California Governor's Office of
Emergency Services (CalOES)

Address: 3650 Schriever Ave
Mather, CA 95655

Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Child Advocacy Center (KC) Program RFA and Grant Application

Contract Term: 4/1/2020-3/31/2021 Contract Value: \$218,750

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

Compliance verified by: _____

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

Approved: _____ Disapproved: _____ Date: 2-27-20 By: [Signature]

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

[Handwritten Signature]

FDC COUNTY COUNSEL
2020 FEB 26 PM3:47

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: _____ Date: 28 Feb 2020 By: [Signature]

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

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

Departments: _____

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

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