

# CONTRACT ROUTING SHEET

12/11/17

Date Prepared: <sup>27</sup> 11/15/17

Need Date: 11/27/17 (Agenda File 12-0616)

### PROCESSING DEPARTMENT:

Department: District Attorney

Dept. Contact: Megan Arevalo

Phone #: 5147

Department: \_\_\_\_\_

Head Signature: [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 Victim Witness Assistance (VW) Program RFA and Grant Application

Contract Term: 10/1/17-9/30/18 Contract Value: \$295,800

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

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

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 12/08/17 By: [Signature]

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

*Please note that the Cal OES Grant application has notes from County included in attachment.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 12-13-17 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: Nothing for Risk By: [Signature]

EL DORADO COUNTY COUNSEL  
2017 NOV 27 PM 18

AM 9:15 HR/RM DEC 11 '17

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

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

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

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