

CONTRACT ROUTING SHEET

Date Prepared: 03/13/20

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Monica Ferguson
Phone #: 530-621-7613
Department Head Signature: [Signature] 3/13/20

CONTRACTOR:

Name: CalOES
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Review of Resolution Language for Disaster Funding
Contract Term: N/A Contract Value: \$0.00
Compliance 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
2020 MAR 13 PM 12:50

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: _____