

# CONTRACT ROUTING SHEET

Date Prepared: 11/23/15

Need Date: 12/21/15

**PROCESSING DEPARTMENT:**

Department: Sheriff  
Dept. Contact: Tania Donnelly T.D.  
Phone #: 621-6636  
Department: J. D. W. 12/4/15  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: City of Placerville  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Reimbursement Agreement with City of Placerville for FY 2015 HSG Grant  
Contract Term: Until 5/31/18 Contract Value: \$18,506  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/22/15 By: Judith Ken  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2015 DEC - 4 PM 2:06

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 12/22/15 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Govt Agency- no insurance requirements  
Nothing for Risk

SHERIFFS DEPT.  
2015 DEC 23 AM 8:50

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

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