

CONTRACT ROUTING SHEET

RUSH!

Date Prepared: 12/18/17

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
 Dept. Contact: Alison Winter
 Phone #: 5690
 Department: _____
 Head Signature: [Signature]

CONTRACTOR:

Name: Dept of Alcohol Bev Control
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Grant for reducing underage drinking
 Contract Term: 10/1/17 - 9/30/18 Contract Value: \$25,000.00
 Compliance with Human Resources requirements? Yes: _____ No: N/A
 Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 1/12/18 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

① Retrospective Agreement. If any services were performed prior to the ~~start~~ execution of the contract under this Agreement, you will need Board's approval and ratification of prior services.

EL DORADO COUNTY COUNSEL
 2017 DEC 19 AM 9:58

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

Approved: ✓ Disapproved: _____ Date: 1-16-18 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____
NOTE NO NR, REGS BEING IMPOSED ON EDC.

FW3:11 HR/RM JAN 12'18

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

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