

RUSH!

537-M1711

Funding Agreement: #TBD

CONTRACT ROUTING SHEET

Date Prepared: ^{6/2} May 12, 2017

Need Date: ASAP *Legistar Item 15-0814*

PROCESSING DEPARTMENT:
Department: Chief Administrative Officer
Dept. Contact: Hillary Crawford
Phone #: 6741
Department: _____

CONTRACTOR:
Name: EDC Superior Court
Address: 2850 Fairlane Court, Suite 110
Placerville, CA 95667
Phone: Jackie Davenport, Court Executive Officer

Head Signature: *[Signature]*

CONTRACTING DEPARTMENT: Public Defender
Service Requested: Please review funding agreement (Judicial Council Grant awarded to Courts, to reimburse Public Defender's Office for program related services)
Contract Term: 5/1/17-4/30/18 Contract Value: \$12,820
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Hillary Crawford

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: _____ Disapproved: ✓ Date: 6/06/17 By: *[Signature]*
Approved: ✓ Disapproved: _____ Date: 10/4/17 By: *[Signature]*
*Use Probation Model Legistar #15-0747 Agreement 524 2017 JUN 5 11 AM
Grant's Grant Funding - Judicial Council to EDC Superior Ct
subcontracting to PD
Need approval from Judicial Council Project Mgr - see B-11
Subcontractor to maintain insurance coverage (B-12)
Subcontractor to give notice to court organization re. DFE
non-discrimination etc B-2
Reference in standard provisions to Contractor is unapplicable
since PD is subrecipient of grant funds - subcontractor re
person services etc - 10/04/17 Renewal Confirm section 4 approving
time lines 15 days in DA MOU. No copy of Court contract w Judicial Council that
PLEASE FORWARD TO RISK MANAGEMENT. THANKS! includes timeline requirement*

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: _____ Date: 10/5/17 By: LC FOR MS
Approved: _____ Disapproved: _____ Date: _____ By: _____
Revenue for grant related services - Insurance Requirements Not Applicable.
Nothing for Risk

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____