

CONTRACT ROUTING SHEET

Date Prepared: 05/29/14

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: DISTRICT ATTORNEY

CONTRACTOR:

Name: Victim Compensation
Government Claims Board
(VCGCB)

Dept. Contact: NANCY ANDERSON

Address: 400 "R" Street, Suite 400

Phone #: 6484

Sacramento, CA 95811

Department: *VA*

Phone: (916) 491-6470

Head Signature: *[Signature]*

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review of Contract and Resolution

Contract Term: 07/01/2014 - 6/30/17 Contract Value: \$0

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: n/a

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

Approved: X Disapproved: Date: 6/10/14 By: *[Signature]*

Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2014 MAY 30 AM 10:33

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 6/11/14 By: *[Signature]*

Approved: Disapproved: Date: By:

nothing for Risk to approve

RECEIVED
HUMAN RESOURCES DEPT
JUN 11 AM 9:26

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: