

CONTRACT ROUTING SHEET

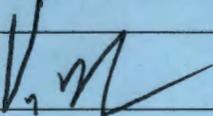
Date Prepared: 05/29/14

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: DISTRICT ATTORNEY

CONTRACTOR:

Name: Victim Compensation
Government Claims Board
(VCGCB)Dept. Contact: NANCY ANDERSON
Phone #: 6484
Department
Head Signature: Address: 400 "R" Street, Suite 400
Sacramento, CA 95811
Phone: (916) 491-6470

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review of Contract and Resolution

Contract Term: 07/01/2014 – 6/30/17 Contract Value: \$0 No: 2014 MAY 30

Compliance with Human Resources requirements? Yes: _____

Compliance verified by: n/a

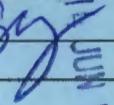
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved:  Disapproved: _____ Date: 6/10/14 By: P.A. Frank
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL

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

nothing for Risk to approve

GENERAL SERVICES DEPT

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

Departments:

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