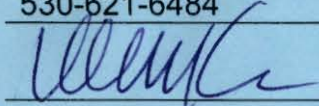


Contract #: Victim Witness Assistance FY 15/16 Application
CONTRACT ROUTING SHEET

Date Prepared: 8/24/15

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: District Attorney
Dept. Contact: Nancy Anderson
Phone #: 530-621-6484
Department
Head Signature: 

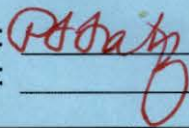
CONTRACTOR:

Name: CalOES (formerly CalEMA)
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: FY 15/16 Application Approval
Contract Term: 1 year Contract Value: \$178,310
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: 8/25/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

We need to have this on the Board's Agenda no later than September 15, 2015. Please see previous Board agenda, Item No. 12-0616 for prior approval of this grant application.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

* Does not require Risk approval.

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

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

EL DORADO COUNTY COUNSEL
2015 AUG 25 AM 8:04