

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/20/2020

Need Date: 05/31/2020

PROCESSING DEPARTMENT:

Department: SHERIFF

Dept. Contact: SARA DOUGHERTY

Phone: 5306215657

Department Head Signature: Jon DeVille
Digitally signed by Jon DeVille
Date: 2020.04.20 15:29:41
-07'00'

CONTRACTOR:

Name: SIERRA DONOR SERVICES

Address: 3940 INDUSTRIAL BLVD

WEST SACRAMENTO, CA 95691

Phone: _____

Org Code: 2400GEN

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: SHERIFF'S OFFICE

Service Requested: REVIEW AGREEMENT RELATED TO TISSUE DONATION PROGRAM COMPLIANCE

Description: _____

Contract Term: 3 YEARS FROM FINAL EXECUTION Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 06/29/2020 By: Stephen Mansell
Digitally signed by Stephen Mansell
Date: 2020.06.29 17:10:29 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!