

CONTRACT ROUTING SHEET

Date Prepared: 8-25-10

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Sherry Bahlman
Phone #: 621-5690
Department Head Signature: *Sherry Bahlman*

CONTRACTOR:

Name: U. S. Department of Justice
Address: _____
Washington, D.C.
Phone: 202 305-4572

M. Kellan

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Asset Seizure participation certification
Contract Term: ending 6-30-10 Contract Value: 0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: as to form Disapproved: _____ Date: 9/8/10 By: *Kevin*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Recommend that you ensure that you have current copies of
the Justice Guide and Treasury Guide to
Equitable Sharing referred to in Section 3.
Identify person in dept with oversight responsibilities
TC to S Bahlman with recommendations.

FOR A COUNTY COUNSEL
10/10/10 3:05

done
9/10/10
9/23

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 9/20/10 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

10 SEP - 8 PM 4:36
HUMAN RESOURCES DEPT