

CONTRACT ROUTING SHEET

Date Prepared: 10/08/19

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Monica Ferguson
Phone #: 530-621-7613
Department
Head Signature: [Signature] 10-8-19

CONTRACTOR:

Name: US Department of Justice
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Review of Resolution language for SCAAP
Contract Term: N/A Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10/11/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: ✓ Disapproved: _____ Date: 10/14/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____
Nothing for Risk

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

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

PLEASE CALL FOR PICKUP

RECEIVED
C&Co
OCT 08 2019
19-1570 A 1 of 1
BY: [Signature]