

Rush

Agreement #: Workers' Compensation Insurance Fraud Grant FY 19/20

Legistar #: 19-1367

# AGREEMENT ROUTING SHEET

Date Prepared: 09/06/19

Need Date: 09/10/19

### PROCESSING DEPARTMENT:

Department: CAO for District Attorney

Dept. Contact: Justene Grewal

Phone #: 5640

Department: \_\_\_\_\_

Head Signature: [Signature]

### CONTRACTOR:

Name: CA Department of Insurance

Address: 2400 Del Paso Road, Suite 250

Sacramento, CA 95834

Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review FY 19/20 Workers' Comp Insurance Fraud Grant & Resolution

Description: \_\_\_\_\_

Contract Term: 07/01/2019-06/30/2020 Contract Value: \$408,465

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

Approved: [check] Disapproved: \_\_\_\_\_ Date: 9-9-19 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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\_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [check] Disapproved: \_\_\_\_\_ Date: 9/10/19 By: Moyce White

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Funding grant - NO 705: & ind Required,  
\_\_\_\_\_  
\_\_\_\_\_

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE CALL FOR PICK-UP x 5640 Thank you!

RECEIVED  
Colo  
SEP 06 2019  
BY: [Signature]