Contract #:Victim Witness Assistance FY 13/14 Application CONTRACT ROUTING SHEET

Date Prepared:	6/24/13	Need Date: ASAP	
PROCESSING D	EPARTMENT:	CONTRACTO	₹:
Department:	District Attorney		EMA
Dept. Contact:	Nancy Anderson	Address:	
Phone #:	530-621-6484		
Department	V AA	Phone:	
Head Signature:	V-V/_		
	DEPARTMENT: District Atto		
	ed: FY 13/14 Application App		
Contract Term: _	The second secon	Contract Value:	\$165,172
Compliance with Compliance verifi	Human Resources requirement ed by: n/a	nts? Yes:	No:
COUNTY COUNS	SEL: (Must approve all contra		M11
Approved:	Disapproved:	Date: <u>U/27/P</u>	By Podawy
Approved:	Disapproved:	Date:	By:
RISK MANAGEN Approved:	TO RISK MANAGEMENT. THAN IENT: (All contracts and MOL Disapproved:	l's except boilerplate gra Date:	By:
Approved:	Disapproved:	Date:	By:
	Nothing for Risk		
OTHER APPROV	/AL: (Specify department(s) p	participating or directly a	ffected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	Bv:
11/2			1200
			117 85 MM C
N. Holling and St.	1085 A AMA	3:51	HOWELE
			HUMAN HESOURCES
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