

# CONTRACT ROUTING SHEET

Date Prepared: 4-28-2010

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff OES

**CONTRACTOR:**

Name: CA Dept of Boating & Waterways Grant

Dept. Contact: Kelly Webb

Phone #: 621-6565

Address: \_\_\_\_\_

Department \_\_\_\_\_

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

Head Signature: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Service Requested: Approval to sign Grant Agreement (Agenda item for 5-11-10 File #10-0443)

Contract Term: 3-1-10 - 8-30-10 Contract Value: \$30,000

Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5-3-10 By: [Signature]

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

RECEIVED  
HUMAN RESOURCES DEPT  
CHANCELLOR  
MAY 8 8 29 AM '10  
COUNTY COUNSEL  
BIOGRAPHY

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5/4/10 By: [Signature]

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: \_\_\_\_\_