



Contract #: Workers' Compensation Insurance Fraud Grant FY 17/18
CONTRACT ROUTING SHEET

Agenda File 13-0942
RIS DATE: 9/26/17

Date Prepared: 9/1/17

Need Date: 9/8/17

PROCESSING DEPARTMENT:

Department: District Attorney
Dept. Contact: Megan Arevalo
Phone #: 5147
Department: _____
Head Signature: [Signature]

CONTRACTOR:

Name: CA Department of Insurance
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review FY 17/18 Workers' Comp Insurance Fraud Grant & Resolution
Contract Term: 7/1/17-6/30/18 Contract Value: \$319,183
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9/3/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2017 SEP -6 PM 12:58

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 9-12-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____
NOTHING for RISK
AT 11:06 HR/RM SEP 11 '17

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

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