

Assigned to: ER Knapp

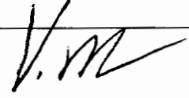
Contract #: Equitable Sharing Agreement and Certification

# CONTRACT ROUTING SHEET

Date Prepared: 8/27/08

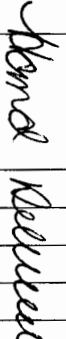
Need Date: 8/27/08 RUSH

### PROCESSING DEPARTMENT:

Department: District Attorney  
Dept. Contact: Jodi Albin  
Phone #: x 6421  
Department Head Signature:   
Vern Pierson, DA

### CONTRACTOR:

Name: Department of Justice  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2008 AUG 28 AM 9:16  
EL DORADO COUNTY COUNSEL  


### CONTRACTING DEPARTMENT:

District Attorney


Service Requested: Equitable Sharing Agreement and Certification

Contract Term: One Year Contract Value: none

Compliance with Human Resources requirements? Yes: x

Compliance verified by: n/a

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

Approved: / Disapproved: \_\_\_\_\_ Date: 8-28-08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE HAND CARRY TO RISK MANAGEMENT.  
THANKS!

### RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

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

PLEASE CALL JODI AT #6421 FOR PICKUP

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

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