

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☒ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 8/19/25Need Date: 8/26/25**PROCESSING DEPARTMENT**

Department: Sheriff's Office
Dept Contact: Katie Cruickshank
Phone: 530-621-5609
Dept. Signature: Monica Ferguson
Title: _____

Digitally signed by Monica Ferguson
Date: 2025.08.19 14:05:09 -07'00'

Org Code: 2420200
Funding Source: _____
PL String: _____
Legistar #: 25-1540

CONTRACT INFORMATION

CONTRACT #: _____ CONTRACT AMENDMENT #: _____

Contracting Department: Sheriff's Office / District Attorney's OfficeContractor/Vendor Name: US Department of Justice

Contract Term: _____ Contract Value: _____

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSELAnnual Equitable Sharing Agreement and Certification US Department of Justice**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 8/28/25 By: Stephen Mansell
Approved ☐ Disapproved ☐ Date: _____ By: _____

Digitally signed by Stephen Mansell
Date: 2025.08.28 09:46:14 -07'00'

COMMENTS Approval includes both Sheriff's and DA versions (same template form is used for both agreements).

CONTRACT AMENDMENT ONLY**HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: _____ By: _____
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS _____