

CONTRACT ROUTING SHEET

Date Prepared: 4/29/14 04/15/14

Need Date: 5/23/14 05/15/14

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly T.D.
Phone #: 621-6636
Department
Head Signature: [Signature] 4.29.14

CONTRACTOR:

Name: County of Sacramento
Address: 4800 Broadway, Suite 100
Sacramento, CA 958203
Phone: 916-874-9321

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Provide autopsy support and morgue services as needed

Contract Term: 7/1/14 to 6/30/15 T.D. 5/1/14 Contract Value: \$75,000-150,000 T.D. 5/1

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 4/29/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

TCs and e-mails to T. Donnelly re. new fees and new scope of services.

EL DORADO COUNTY COUNSEL
2014 APR 21 PM 2:27

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

Approved: ✓ cond Disapproved: _____ Date: 5/1/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

County provides evidence of self-insured status

Please obtain an updated letter of self ins for the 7-1-14 to 7/1/15 year.

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

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

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HUMAN RESOURCES DEPT.
MAY - 1 AM 10:05