

# CONTRACT ROUTING SHEET

Date Prepared: 01/27/09

Need Date: 2/5/09 if possible

**PROCESSING DEPARTMENT:**

Department: Sheriff

**CONTRACTOR:**

Name: Governor's Office of Emergency Services

Dept. Contact: Mary Pierce

Address: 3650 Schriever Avenue

Phone #: X 5691

Mather, CA 95655

Department Head Signature: [Signature]

Phone: 916-324-6724

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Approval of annual Anti-Drug Abuse Grant

Contract Term: 07/01/2008-06/30/2009 Contract Value: \$143,058

Compliance with Human Resources requirements? Yes:          No:         

Compliance verified by:         

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

Approved: ✓ Disapproved:          Date: 2/25/09 By: [Signature]

Approved:          Disapproved:          Date:          By:         

*Note section IV of "certification of assurance of compliance" requires written authorization from BOS for individual(s) executing the grant agreement (Jeff Neves). Certification attached here is authorized by the County's CRO in accordance with instructions on title page at item 11. Accordingly, this requirement of authorization appears to be satisfied although instructions are not consistent or clear. Note also that incoming funding is subject to State Budget approval.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:          Date: 3/2/09 By: [Signature]

Approved:          Disapproved:          Date:          By:         

RECEIVED  
HUMAN RESOURCES DEPT  
99 FEB 26 AM 10:52

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

Departments:         

Approved:          Disapproved:          Date:          By:         

Approved:          Disapproved:          Date:          By: