

CONTRACT ROUTING SHEET

Date Prepared: 10/6/15

Need Date: 11/6/15

PROCESSING DEPARTMENT:

Department: Sheriff
 Dept. Contact: Tania Donnelly T.D.
 Phone #: 621-6636
 Department: _____
 Head Signature: Jon DeWitt 10-6-15

CONTRACTOR:

Name: El Dorado Irrigation District
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Reimbursement Agreement with EID for FY 2014 HSG Grant
 Contract Term: Until 5/31/18 Contract Value: \$6,300
 Compliance with Human Resources requirements? Yes: _____ No: N/A
 Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 10/09/15 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 2015 OCT -5 PM 1:56

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

Approved: _____ Disapproved: _____ Date: 10/12/15 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Govt Agency _____

nothing for Risk

RISK MANAGEMENT DIST.
 15 OCT -9 AM 11:25

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

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