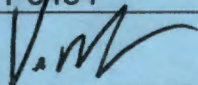


Contract #: Victim Witness Assistance FY 14/15 Application  
**CONTRACT ROUTING SHEET**

Date Prepared: 6/19/14

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: District Attorney  
Dept. Contact: Nancy Anderson  
Phone #: 530-621-6484  
Department  
Head Signature: 

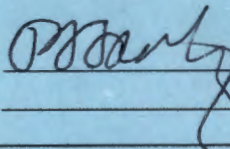
**CONTRACTOR:**

Name: CalOES (formerly CalEMA)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** District Attorney

Service Requested: FY 14/15 Application Approval  
Contract Term: 1 year Contract Value: \$172,793  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: n/a

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

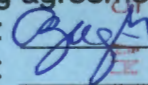
Approved: X Disapproved: \_\_\_\_\_ Date: 6/26/14 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

We need to have this on the Board's Agenda no later than July 22, 2014. Please see previous Board agenda, Item No. 12-0616 for prior approval of this grant application.

*\* Needs Vern's signature, which marked*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 6/26/14 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*no ins req. add ok*

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

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

EL DORADO COUNTY COUNSEL  
2014 JUN 25 PM 9:05

HUMAN RESOURCES DEPT.  
14 JUN 26 PM 1:30  
RECEIVED