

# NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/06/2019

Need Date: 01/01/2020 *EVSTH*

**PROCESSING DEPARTMENT:**

Department: Sheriff

Dept. Contact: Sara Dougherty *for #11/16/19*

Phone: X5657

Department: Sheriff *11/15/19*

Head Signature: *[Signature]*

**CONTRACTOR:**

Name: Green Valley Mortuary

Address: 3004 Alexandrite Drive

Rescue, CA 95672

Phone: \_\_\_\_\_

Org Code: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Morgue Transportation Services

Contract Term: 01/01/2020-12/31/2023 Contract Value: \$150,000.00

Compliance with Human Resources requirements? Yes: x  No: \_\_\_\_\_

Compliance verified by: *[Signature]* *Lauren Montalvo 11/20/19*

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/18/19 By: *[Signature]*

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/20/19 By: *[Signature]*

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

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

Departments: \_\_\_\_\_

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

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

**PLEASE CALL x5657 FOR PICK-UP...THANKS!**