

# CONTRACT ROUTING SHEET

Date Prepared: 10/12/18

Need Date: 10/26/18

**PROCESSING DEPARTMENT:**

Department: CAO for District Attorney  
Dept. Contact: Megan Arevalo *MA*  
Phone #: 5147  
Department: \_\_\_\_\_  
Head Signature: *Megan Arevalo*

**CONTRACTOR:**

Name: California Governor's Office of  
Emergency Services (CalOES)  
Address: 3650 Schriever Ave  
Mather, CA 95655  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** District Attorney

Service Requested: Review Victim/Witness Assistance (VW) Program RFA and Grant Application  
Contract Term: 10/1/18-9/30/19 Contract Value: \$481,190  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 10/28/18 By: *PSG*  
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: 10/29/18 By: *PSG*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2018 OCT 17 AM 8:44

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

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