

CONTRACT ROUTING SHEET

Date Prepared: 07/16/09

Need Date: 07/30/09

PROCESSING DEPARTMENT:

Department: Sheriff's OES
Dept. Contact: Tania Donnelly
Phone #: 621-6636
Department
Head Signature: *Tania Donnelly*

CONTRACTOR:

Name: State of CA Parks
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Grant Program Agreement - OHV Grant
Contract Term: 07/01/09 - 06/30/09 Contract Value: \$41,334
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 7-24-09 By: *Carlton*
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: 7/18/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
09 JUL 27 AM 9:35

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

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