

**RUSH!**

Contract #: Workers' Compensation Insurance Fraud Grant FY 16/17  
**CONTRACT ROUTING SHEET**

Date Prepared: 9/21/16

Need Date: 9/23/16

**PROCESSING DEPARTMENT:**

Department: District Attorney  
Dept. Contact: Megan Arevalo  
Phone #: 5147  
Department Head Signature: *Megan Arevalo*

**CONTRACTOR:**

Name: CA Department of Insurance  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** District Attorney

Service Requested: Review FY 16/17 Workers' Comp Insurance Fraud Resolution  
Contract Term: 7/1/16-6/30/17 Contract Value: \$292,828  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 9/22/16 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2016 SEP 21 PM 3:56

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 9-23-16 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Nothing for Risk

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

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