CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: Department: Sheriff's OES Dept. Contact: Tania Donnelly 0 Phone #: 621-6636 Department Head Signature: Phone: CONTRACTING DEPARTMENT: Service Requested: Agreement for Custody Services Contract Term: When Signed – Continuous Contract Value:\$229,000 annually Compliance with Human Resources requirements? Yes: No: N/A Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By: 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: Approved: Disapproved: Date: By: Disapproved: Date: By: Disapproved: Date: By:	Date Prepared:	10/2/12	Need Date:	11/2/12		
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