

CONTRACT ROUTING SHEET

Date Prepared: 4/24/14
~~04/08/14~~

Need Date: 5/24/14
~~05/08/14~~

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Tania Donnelly TD.
Phone #: 621-6636
Department
Head Signature: Jon D. [Signature] 4-24-14

CONTRACTOR:

Name: County of Sacramento, Coroner
Address: 4800 Broadway, Suite 100
Sacramento, CA 95820
Phone: 916/874-9321

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Provide autopsy support and morgue services - increase compensation by \$30,000 until end of contract - Prior contract = \$150,000

Contract Term: 7/1/11 to 6/30/14 Contract Value: \$180,000

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 4/29/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2014 APR 24 PM 2:27

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

Approved: Disapproved: _____ Date: 5/1/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

County provides evidence of self-insured status

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

Departments: _____

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

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

RECEIVED
SHERIFFS DEPT.
MAY 1 11AM '14