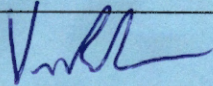


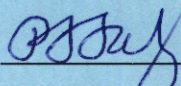
CONTRACT ROUTING SHEET

Date Prepared: 04/22/15Need Date: ASAP**PROCESSING DEPARTMENT:**Department: DISTRICT ATTORNEY**CONTRACTOR:**Name: Victim Compensation
Government Claims Board
(VCGCB)Address: 400 "R" Street, Suite 400
Sacramento, CA 95811Phone: (916) 491-6470Dept. Contact: NANCY V. ANDERSONPhone #: 6484Department: 

Head Signature: _____

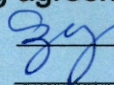
CONTRACTING DEPARTMENT: District AttorneyService Requested: Review of Contract and ResolutionContract Term: 07/01/2015 – 6/30/18 Contract Value: _____

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

Compliance verified by: n/a**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: X Disapproved: _____ Date: 5/8/15 By: Approved: _____ Disapproved: _____ Date: 6/2 By: _____

I need to have this on the Board's Agenda on May 19, 2015, as I need to have it back to VCGCB by June 10, 2015. Please see Agenda Item No. 14-0784 – this Agreement supersedes that Agreement.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)Approved: _____ Disapproved: _____ Date: 5/11/15 By: Approved: _____ Disapproved: nothing for Risk Date: _____ By: _____**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

Departments: _____

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

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