

CONTRACT ROUTING SHEET

Date Prepared: 11/20/15 11/23/15

Need Date: 12/11/15

PROCESSING DEPARTMENT:

Department: Sheriff
 Dept. Contact: Tania Donnelly T.D.
 Phone #: 621-6636
 Department: for D.V. 11/23/15
 Head Signature: _____

CONTRACTOR:

Name: Dept of Alcohol Bev Control
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Grant for reducing underage drinking and DUIs
 Contract Term: 10/1/15 – 9/30/16 Contract Value: \$25,000
 Compliance with Human Resources requirements? Yes: N/A No: _____
 Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 11/25/15 By: Veredity Kern
 Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: _____ Disapproved: _____ Date: 11/30/15 By: g
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 No insurance requirements

Nothing for Risk

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

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