

CONTRACT ROUTING SHEET

Date Prepared: 4/13/2017

Need Date: 4/21/2017

PROCESSING DEPARTMENT:

Department: District Attorney

Dept. Contact: Megan Arevalo *MA*

Phone #: 621-5147

Department: _____

Head Signature: *James Hamilton*

CONTRACTOR:

Name: California Victim Compensation Board

Address: 400 R Street, Ste 500

Sacramento, CA 95811

Phone: 916-491-3512

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Agreement VC-7095

Contract Term: 7/1/2017-6/30/2020 Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 5-5-17 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2017 APR 28 PM 3:58

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

Approved: _____ Disapproved: _____ Date: 5-9-17 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: _____