

RUSH!

Agenda File 14-0784

Contract #: VC-7095 Resolution xxx-2017

CONTRACT ROUTING SHEET

Date Prepared: 5/6/2017

Need Date: 5/12/2017

PROCESSING DEPARTMENT:

Department: District Attorney

Dept. Contact: Megan Arevalo *MA*

Phone #: 621-5147

Department: _____

Head Signature: _____

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 Resolution xxx-2017

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: 5-15-17 By: _____

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

EL DORADO COUNTY COUNSEL
2017 MAY 15 PM 3:56

EL DORADO COUNTY COUNSEL
2017 MAY 12 PM 1:43

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: _____