

CONTRACT ROUTING SHEET

Date Prepared: 8/16/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden *KG*
Phone #: 530-621-5657
Department Head Signature: *Jon D. [Signature]* 8-16-16

CONTRACTOR:

Name: US Forest Service
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Review of Cooperative Agreement – Exhibit A
Contract Term: 10/01/15 – 09/30/16 Contract Value: \$7,000.00
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8/17/16 By: *Shirley [Signature]* Ken
Approved: _____ Disapproved: _____ Date: _____ By: _____

EXPER ADD COUNTY COUNSEL
16 AUG 16 AM 11:05

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

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: _____