

RUSH!

Contract #: Automobile Insurance Fraud Grant FY 16/17

CONTRACT ROUTING SHEET

Date Prepared: 9/21/16

Need Date: 9/23/16

PROCESSING DEPARTMENT:

Department: District Attorney
Dept. Contact: Megan Arevalo *MA*
Phone #: 5147
Department
Head Signature: *Aaron Schwart*

CONTRACTOR:

Name: CA Department of Insurance
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review FY 16/17 Automobile Insurance Fraud Resolution
Contract Term: 7/1/16-6/30/17 Contract Value: \$235,800
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 9/22/16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 SEP 21 PM 3:56

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 9-23-16 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: _____