

CONTRACT ROUTING SHEET

Date Prepared: 8/15/19

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Monica Ferguson
Phone #: 5699 7613
Department Head Signature: [Signature] 8/15/19

CONTRACTOR:

Name: US Dept of Justice
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff and District Attorney

Service Requested: Equitable Sharing Agreement and Certification
Contract Term: End June 30, 2019 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: 8/20/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____



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: _____