

AGREEMENT ROUTING SHEET

Date Prepared: 08/28/19

Need Date: 09/04/19

PROCESSING DEPARTMENT:

Department: CAO for District Attorney

Dept. Contact: Justene Grewal ✓

Phone #: 5640

Department: _____

Head Signature: [Signature]

CONTRACTOR:

Name: California Governor's Office of
Emergency Services (CalOES)

Address: 3650 Schriever Ave
Mather, CA 95655

Phone: _____

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Review Victim/Witness Assistance (VW) Program RFA and Grant Application
Description: _____

Contract Term: 10/01/2019-09/30/2020 Contract Value: \$483,527

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

Approved: ✓ Disapproved: _____ Date: 8/30/19 By: [Signature]

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

* requires Match Match

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 9/4/19 By: [Signature]

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

Victims Witness Grant Application

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

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

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

PLEASE CALL FOR PICK-UP x 5640 Thank you!

