

Agreement #: <u>DI20002</u> Legistar #: <u>19-1352</u>

AGREEMENT ROUTING SHEET

Date Prepared:	09/04/19	Need Date	e: <u>09/06/19</u>
PROCESSING DI Department: Dept. Contact: Phone #: Department	EPARTMENT: CAO for District Attorney Justene Grewal 5640	CONTRAC Name: Address: Phone:	Office of Traffic Safety
Description: Contract Term:	DEPARTMENT: District Attord: Review Grant Agreement 10/01/2019-09/30/2020 BEL: (Must approve all contract Disapproved: Disapproved: Disapproved:	Contract Value:	\$230,154 By:
	TO RISK MANAGEMENT. THANK		PM3:29 HR/RM SEP 6 '19
Approved:	Disapproved:	Date: 9/4	1/19 By: Maryellen Reters
Approved:	Disapproved:	Date:	By:
		Tounty Prov	ides all Services
no Ri	sk Review for Insu	irance + Ind	lemnity Required,
OTHER APPROV	'AL: (Specify department(s) p	articipating or direc	ctly affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

PLEASE CALL FOR PICK-UP x 5640 Thank you!

