

# CONTRACT ROUTING SHEET

Date Prepared: 02/26/20

Need Date: 03/06/20 (03/24 Board Date)

**PROCESSING DEPARTMENT:**

Department: District Attorney

Dept. Contact: Audra Anderson

Phone #: 5144

Department Head Signature: [Handwritten 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 Child Advocacy Center (KC) Program RFA and Grant Application

Contract Term: 4/1/2020-3/31/2021 Contract Value: \$218,750

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 2-27-20 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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**FDC COUNTY COUNSEL**  
**2020 FEB 26 PM 3:47**

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 28 Feb 2020 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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