

CONTRACT ROUTING SHEET

Date Prepared: March 10, 2020

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Sara Dougherty

Phone #: 530-621-5657

Department: 3/10/20

Head Signature: *[Signature]*

CONTRACTOR:

Name: Tobacco Grant Resolution

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Tobacco Grant Resolution approval

Contract Term: N/A Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 3/10/20 By: *[Signature]*

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

EDC COUNTY COUNSEL
2020 MAR 10 PM 1:07

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: _____