

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/06/2020

Need Date: 07/15/2020

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Tania Donnelly
Phone: 530/621-6636
Department Head Signature: Jon DeVille

CONTRACTOR:

Name: Governor's Office of Emergency Services (OES)
Address: Mather, CA
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Review Resolution needed to apply for COVID19 EMPG Funds

Description: Review Resolution

Contract Term: 1/27/20 - 10/26/2021 Contract Value: \$ 89,643.00

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

Approved: ☒ Disapproved: ☐ Date: 7/8/20 By: SM
Approved: ☐ Disapproved: ☐ Date: _____ By: _____

Approved by Stephen Mansell, Sr. Deputy County Counsel.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!