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## AGREEMENT CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:  Department: Dept. Contact: Tania Donnelly Department Department Head Signature:  Orn Devilla  Phone: Sauk21-6836  Phone: Head Signature:  Org Code: Project # (if applicable): Funding Source:  CONTRACTING DEPARTMENT: Sheiff  Service Requested: Review Resolution needed to apply for COVID19 EMPG Funds  Description: Review Resolution Contract Term: 1/27/20 - 10/28/2021  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Date: By:  Approved by Stephen Marsell, Sr. Deputy County Counsel.  PLEASE EMAIL SIGNED DOCUMENT TO: Thank you!	Date Prepared:	07/06/2020	Need Date:	07/15/2020	
Dept. Contact: Tania Donnelly S30/621-6636 Phone: S30/621-6636 Phone: Ph	PROCESSING D	EPARTMENT:	CONTRACT	OR:	
Dept. Contact: Phone: S00/021-0636 Phone: S00/021-0636 Phone: Project # (if applicable): Funding Source: Project # (if applicable): Funding Source: CONTRACTING DEPARTMENT: Sheriff Service Requested: Review Resolution needed to apply for COVID19 EMPG Funds Description: Review Resolution needed to apply for COVID19 EMPG Funds Description: Review Resolution Description: Re	Department:	Sheriff	Name:	Governor's Office of Emergency Services (OES)	
Department Head Signature:    Org Code:		Tania Donnelly	Address:	Mather, CA	
Head Signature:  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: Disapproved: Date: 7/8/20 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:	Phone:	530/621-6636			
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Project # (if applicable):	Head Signature:	90000			
CONTRACTING DEPARTMENT: Sheriff					
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RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW  PLEASE EMAIL SIGNED DOCUMENT TO:	Approved:	Disapproved: Disapproved:	Date: 7/8/20		
RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW  PLEASE EMAIL SIGNED DOCUMENT TO:					
PLEASE EMAIL SIGNED DOCUMENT TO:	HR APPROVAL:	WILL BE REVIEWED THROU	IGH WORKFLOW		
	RISK MANAGEN	IENT: WILL BE REVIEWED T	HROUGH WORK	FLOW	
	PLEASE E	MAIL SIGNED DOCUMENT	TO:		