## **CONTRACT ROUTING SHEET**

	Date Prepared:	4-16-10	_ Need Dat	e: 4-30-10		
Dept. Contact: Sherry Bahlman Phone #: 621-5690 Department Head Signature: Sherry Bahlman Hea	PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Dept. Contact: Sherry Bahlman 621-5690	Department:	Sheriff	Name:			gainst
Department Head Signature:    CONTRACTING DEPARTMENT:   Sheriff		Sherry Bahlman	Address:			rive,Ste.#1
CONTRACTING DEPARTMENT: Sheriff Service Requested: MOU to delineate CAMP and Sheriff's responsibilities. Contract Term: 6-22-10 to 10-30-10		621-5690				95670
CONTRACTING DEPARTMENT: Sheriff Service Requested: MOU to delineate CAMP and Sheriff's responsibilities.  Contract Term: 6-22-10 to 10-30-10	The state of the s	other Ochola	Phone:	916 464-20	020	
Service Requested: MOU to delineate CAMP and Sheriff's responsibilities.  Contract Term: 6-22-10 to 10-30-10	Head Signature:	Steering gor super	Milla	1		
Contract Term: 6-22-10 to 10-30-10	CONTRACTING	DEPARTMENT: Sheriff				
Compliance with Human Resources requirements? Yes: No: Compliance verified by:  COUNTY COUNSEL: (Must approve all contracts and MOU's).  Approved:						
COUNTY COUNSEL: (Must approve all contracts and MOU's).  Approved:	Control of the Contro	The second secon	The second secon			Lawrence Committee
Approved:			nts? Yes:		No:	
Approved: Disapproved: Date: By:  Since the agreement contains a mutual indemnty  Please forward to risk management. Thanks!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Disapproved: Disapproved: Date: By:  Date: By:  Disapproved: Disapproved: Date: By:  Date: By:  Disapproved: Disapproved: Date: By:  Disapproved: Date:	COUNTY COUNS Approved:	SEL: (Must approve all contra		110	By. Lust	th Ke
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: (1/10 By: Managements)  Disapproved: Date: By: Managements  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By: Managements  Approved: Disapproved: Date: By: Managements  Departments: Approved: Date: By: Managements  Approved: Disapproved: Date: By: Managements  Departments: Approved: Date: Date: By: Managements  Departments: Approved: Date: Date: By: Managements  Departments: Date: Date: By: Managements  Departments: Date:	Approved:			/	By:	
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: (1/10 By: Managements)  Disapproved: Date: By: Managements  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By: Managements  Approved: Disapproved: Date: By: Managements  Departments: Approved: Date: By: Managements  Approved: Disapproved: Date: By: Managements  Departments: Approved: Date: Date: By: Managements  Departments: Approved: Date: Date: By: Managements  Departments: Date: Date: By: Managements  Departments: Date:	Recomm	rend that the sgree	ment go to 8	40 BOS	for you	aroval
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: 1/1/0 By: MANAGEMENT: Disapproved: Date: By: Da		e squeement contour	is a metica	2 malen		m
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  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:  Disapproved: Date: Date: By:  Disapproved: Date: Dat	Down	on that exposes	the Country	to liak	ulity	20 0
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  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:  Date: By:  Disapproved: Date: By:  Date: B	MANAGERSUN (	Discussion W.E. Knapp	1)		, ,	D X
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  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:  Disapproved: Date: By:  Date: B		<u> </u>				7 0
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  Dother Approved: Disapproved: By:  Dother Approved: Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Dother Approved: Date: Date: By:  Dother Approved: Date:						3 6
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  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: Date:					2	> 1
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  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: Date:			THE THE		-	5 0
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  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:  Departments: By:  Approved: Disapproved: Date: By:  Approved: Date: By:  Approved: Disapproved: Date: By:  Approved: Date: Date: By:  Approved: Date: D		THE RESIDENCE OF THE PROPERTY OF				inu č
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments: Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Disapproved: Disapproved: Date: Date: By:  Disapproved: Disapproved: Date: Date: By:  Disapproved: Disapproved: Date: Da						
Approved: Disapproved: Date: By:	RISK MANAGEM	ENT: (All contracts and MOU	J's except boilerpla			ments
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Disapproved: Disapproved: Disapproved: Date: Date						1
Departments:  Approved: Disapproved: Date: By: 01  Approved: Disapproved: Date: Ship By: 01						
Departments:  Approved: Disapproved: Date: By: 01  Approved: Disapproved: Date: Ship By: 01						
Departments:  Approved: Disapproved: Date: By: 01  Approved: Disapproved: Date: Ship By: 01						
Departments:  Approved: Disapproved: Date: By: 01  Approved: Disapproved: Date: Ship By: 01					West In	
Departments:  Approved: Disapproved: Date: By: 01  Approved: Disapproved: Date: Ship By: 01						
Departments:  Approved: Disapproved: Date: By: 01  Approved: Disapproved: Date: Ship By: 01						
Approved: Disapproved: Date: By: 01  Approved: Disapproved: Date: Strike HV T By: 01		AL: (Specify department(s) p	participating or direc	ctly affected	by this cor	ntract).
Approved: Disapproved: Date: Ship High High By.		Disapproved:	Date:		Bv: ol	
Lan Sagangsay Name		The state of the s		- דע אנו סי	LAM AT	
Lan Saucho	hpproved.	Dioappiotod.	5	1:8 44	M MA PHILL	
			1 15	o saudnes	ANS THE RESERVE	