

# CONTRACT ROUTING SHEET

Date Prepared: 8/7/18

Need Date: For Board Meeting 8/28/18

**PROCESSING DEPARTMENT:**

Department: Air Quality Management District  
Dept. Contact: Scott Wilson  
Phone #: x7554  
Department  
Head Signature: *[Signature]* 8/9/18  
*Dave Johnston*

**CONTRACTOR:**

Name: N/A - Resolution  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Air Quality Management District (Charge 7110100)

Service Requested: Review and Approve Resolution for AB197 Funding Acceptance  
Contract Term: N/A Contract Value: No Cost  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: X  
Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 8/13/18 By: Bre Moebius  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please see edit on draft.*

*Note: Resolution must be submitted by September 4, 2018.*

*Changes Made, SW 8/15/18*

EL DORADO COUNTY COUNSEL  
2018 AUG -9 PM 2:33

PLEASE RETURN TO AQMD UPON APPROVAL.

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

Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: N/A  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_