

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 6/24/2020

Need Date: June 26, 2020

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: AQMD

Name: N/A

Dept. Contact: Rania Serieh

Address: _____

Phone: 530 621 7509

Phone: _____

Department _____

Org Code: _____

Head Signature: 

Project String _____

(if applicable): _____

Funding Source: _____


CONTRACTING DEPARTMENT: AQMD

Service Requested: Review of Revised 2015 RACT SIP Analysis, Resolution, CEQA Notice of Exemption, Notice of Public hearing and staff report

Description: N/A

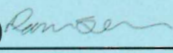
Contract Term: _____ Contract Value: \$0.00

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

Approved: Disapproved: _____ Date: 8/6/2020 By: 

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

Please see edits/comments on drafts.

All changes were made. 6/25/2020 

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL _____ FOR PICK-UP

Thank you!