Agreement # _____

Legistar # _____

AGREEMENT
CONTRACT ROUTING SHEET

Date Prepared: 07/22/2021 **Need Date:** 08/23/2021

PROCESSING DEPARTMENT:

Department: Board of Supervisors
Dept. Contact: Kim Dawson
Phone: 530-621-5393
Department Head Signature: Kim Dawson Digitally signed by Kim Dawson Date: 2021.07.22 08:08:21 -07'00'
Kim Dawson

CONTRACTOR:

Name: _____
Address: _____
_____
Phone: _____

Org Code: _____
Project # (if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: Board of Supervisors
Service Requested: Review F-8 Display Case Policy
Description: Review Board Policy
Contract Term: N/A Contract Value: _____

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

Approved: ☑ Disapproved: ☐ Date: 10/01/2021 By: David A. Livingston Digitally signed by David A. Livingston Date: 2021.10.01 15:00:39 -07'00'
Approved: ☐ Disapproved: ☐ Date: _____ By: _____

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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW