

# CONTRACT ROUTING SHEET

Date Prepared: 8-6-08

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Environmental Mgmt  
Dept. Contact: Linda Milligin  
Phone #: 6668  
Department  
Head Signature: [Signature]

**CONTRACTOR:**

Name: EDC Fire Safe Council  
Address: P.O. Box 1237  
Pollock Pines, CA 95726  
Phone: \_\_\_\_\_

E.D. DORADO COUNTY COUNSEL  
Hand Delivered

**CONTRACTING DEPARTMENT:**

EMD Air Quality Projects 422200

Service Requested: Review of amendment to agreement changing the reimbursement payment from quarterly to monthly regarding AB2766 funding for a Chipping Program

Contract Term: July 1, 2009 Contract/Amendment Value: \$72,280

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 8/7/08 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

① Re-state the entirety of 59A Payments. ②  
Completed 8-11-08 - Linda Milligin

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

Approved:  Disapproved:  Date: 8/7/08 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
08 AUG -7 PM 1:28

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

Departments:  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_