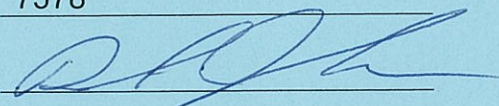


# CONTRACT ROUTING SHEET

Date Prepared: 3/6/13

Need Date: 3/13/13

**PROCESSING DEPARTMENT:**

Department: AQMD  
Dept. Contact: Dave Johnston  
Phone #: 7578  
Department  
Head Signature: 

**CONTRACTOR:**

Name: Sacramento Metro AQMD  
Address: 777 12<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Sacramento, CA 95814  
Phone: 916-874-4800

**CONTRACTING DEPARTMENT:** AQMD

Service Requested: Contract review and comment  
Contract Term: Date of execution to 10/31/13 Contract Value: \$7,000.00  
Compliance with Human Resources requirements? Yes:            No:             
Compliance verified by:           

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

Approved:  Disapproved:            Date: 3/8/2013 By: K. Markham  
Approved:            Disapproved:            Date:            By:           

*See minor addition on pg. 1  
No need to resubmit*

*Minor addition, "a California local public agency"  
has been made. A.J.J. 5/13/13*

EL DORADO COUNTY COUNSEL  
2013 MAR -6 AM 9:31 AM  
RECEIVED  
HUMAN RESOURCES DEPT.  
13 MAR -6 PM 2:03

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:            Date: 3/8/13 By: Kew  
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: