


# CONTRACT ROUTING SHEET

Date Prepared: 9/28/2015

Need Date: 10/5/2015

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: NA  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** AQMD

Service Requested: Review Ozone Emergency Episode Plan Resolution  
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/1/2015 By: J. Schwelling  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*With changes as noted  
↳ changes made as requested per D. Johnson.*

EL DORADO COUNTY COUNSEL  
2015 SEP 30 AM 7:57

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 10/2/15 By: anj  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Nothing for Risk*

RECEIVED  
15 OCT 12 PM 12:25  
AIR RESOURCES DEPT.

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

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