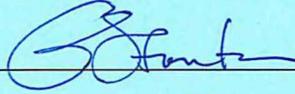


CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 8/9/18

Need Date: 8/23/18

PROCESSING DEPARTMENT:

Department: Environmental Management
Dept. Contact: Tom Meyer
Phone: Ext. 6664
Department
Head Signature: 

CONTRACTOR:

Name: CalRecycle
Address: 1001 I Street
Sacramento, CA 95814
Phone: 916-322-4027
Org Code: 3810100

CONTRACTING DEPARTMENT: Environmental Management

Service Requested: Review and Approve 17/18 Beverage Container Recycling City/County Payment Program Guidelines

Contract Term: Upon award to 6/29/20 Contract Value: \$38,451.00

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

Approved: X Disapproved: _____ Date: 8/17/18 By: Bre Meyer
Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved as to form.

EL DORADO COUNTY COUNSEL
2018 AUG -9 PM 1:53

COUNSEL -- PLEASE DO NOT FORWARD TO HR/RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: _____ No: X
Compliance verified by: N/A - Grant

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

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