REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☑ Resolution ☐ Ordinance ☐ Policy ☐ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 6/16/26 Need Date: 7/10/26

PROCESSING DEPARTMENT

Department: AQMD
Dept Contact: Scott Wilson
Phone: x7554
Dept. Signature:
Title: Program Manager

Org Code: 7110100
Funding Source: FARMER Admin Funding
PL String: 71DISTOPS-71FARMER-71CONTRAC
Legistar #: 26-1094

CONTRACT INFORMATION

CONTRACT #: CONTRACT AMENDMENT #:

Contracting Department:
Contractor/Vendor Name:
Contract Term: Contract Value:

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: Signature Authority for APCO for FARMER Program
NUMBER (If Assigned): Not yet assigned

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

This is a resolution authorizing AQMD to amend FARMER grant agreements to remove insurance requirements and authorizing APCO to execute these amendments. Authorization is through 7/28/2027 (1 year period per Board policy A-6, Section III, C).

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 7/6/26 By: Ted Wood Digitally signed by Ted Wood Date: 2026.07.06 10:39:09 -07'00'
Approved ☐ Disapproved ☐ Date: By:

COMMENTS

Approved as to form - TDW

CONTRACT AMENDMENT ONLY

HR APPROVAL

Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by:

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: By:
Approved ☐ Disapproved ☐ Date: By:

COMMENTS