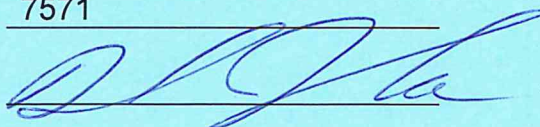


CONTRACT ROUTING SHEET

Date Prepared: 8/11/2017

Need Date: By 8/25 at latest
~~2 weeks or sooner~~

PROCESSING DEPARTMENT:

Department: AQMD
Dept. Contact: Adam Baughman
Phone #: 7571
Department
Head Signature: 

CONTRACTOR:

Name: n/a
Address: _____
Phone: 8/11/17

CONTRACTING DEPARTMENT: AQMD

Service Requested: Review of Resolution adopting Sacramento Regional 2008 Ozone NAAQS 8-Hour Ozone Attainment and Reasonable Further Progress Plan

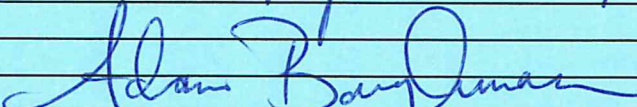
Contract Term: n/a Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8/21/17 By: Bro Muehler
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please see edits on draft.

COLORADO COUNTY COUNSEL
017AUG 14 AM 10:04

Changes made as requested 8/22/17


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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: _____