

CONTRACT ROUTING SHEET

Contract#436-S1711

Date Prepared: 2-9-2017

Need Date: 2-10-2017

PROCESSING DEPARTMENT:

Department: COUNTY COUNSEL

CONTRACTOR:

Name: EL DORADO COUNTY WATER AGENCY (EDCWA)

Dept. Contact: MICHAEL J. CICCOZZI

Address: _____

Phone #: X5779

Phone: _____

Department _____

Head Signature: 

CONTRACTING DEPARTMENT: COUNTY COUNSEL

Service Requested: Services Agreement between the County of El Dorado and the EDCWA

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: 2/10/17 By: 

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

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: _____

