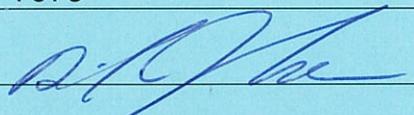


CONTRACT ROUTING SHEET

Date Prepared: 11/18/13

Need Date: 12/1/2013

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: AQMD

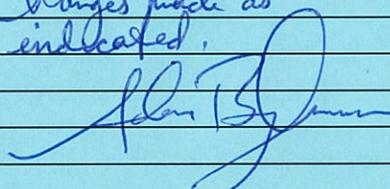
Service Requested: Review of attached Request For Proposal packet for the AB 923 School Bus Replacement funding, Fiscal Year 13/14

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: 12/2/2013 By: J. Sanfel
Approved: _____ Disapproved: _____ Date: _____ By: _____

With revisions in redlined text.

Changes made as indicated.


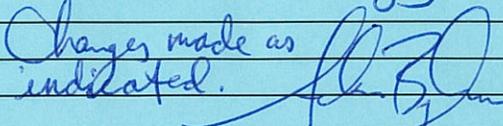
RECEIVED
NOV 18 2013
EL Dorado County Council

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 12/13/13 By: Bryce
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Please add The County of EL Dorado
On the insurance requirements (see flag)*

Changes made as indicated.


RECEIVED
13 DEC -2 PM 2:15
RISK MGMT
HUMAN RESOURCES DEPT.

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

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