


CONTRACT ROUTING SHEET

Date Prepared: 8/1/2016

Need Date: 8/20/2016

PROCESSING DEPARTMENT:

Department: Library
Dept. Contact: Jeanne Amos
Phone #: X5546
Department Head Signature: 

CONTRACTOR:

Name: California State Library
Address: P.O. Box 942837
Sacramento CA 94237-0001
Phone: 916-323-9759

CONTRACTING DEPARTMENT: Library

Service Requested: Review Agreement
Contract Term: 7/1/2016 - 6/30/2017 Contract Value: \$ 26,206
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: see below Disapproved: _____ Date: 8/03/16 By: Justin Kern
Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved with understanding that dept. will comply with GCS Policy A-6 and obtain board approval and obtain authority to execute the grant and other grant related documents. Includes Grant required certification by authorized representative of the County, and identification of fiscal agent who makes assurances under terms of grant award on behalf of the County.

FOR COUNTY COUNSEL
M.S.S.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 8-4-16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Working for Risk
EDC HR/RISK

16 AUG 04 08:33

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

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