

CONTRACT ROUTING SHEET

Date Prepared: 11/4/16

Need Date: 11/10/16

PROCESSING DEPARTMENT:

Department: CDA

Dept. Contact: John Kahling

Phone #: 642-4974

Department

Head Signature: *Bard Flower*

CONTRACTOR:

Name: Black Fox Timber Management Group

Address: P.O. Box 687
McCloud, CA 96057

Phone: 530-964-9756

CONTRACTING DEPARTMENT: Community Development Agency

Service Requested: Tree Mortality Project Coordinator

Contract Term: Until 6/30/17 Contract Value: \$175,000 – not to exceed

Compliance with Human Resources requirements? Yes: No:

Compliance verified by:

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

Approved: ✓ Disapproved: Date: 11/9/16 By: *ADG*

Approved: Disapproved: Date: By:

confidential email dated 11/9/16 with suggested additions to Article I and Exhibit A

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 11-9-16 By: *AS*

Approved: Disapproved: Date: By:

PM 2:37 HR/PM NOV 9 '16

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: